



PITT COUNTY, NORTH CAROLINA



Health ENC

Working Together for a Healthier Eastern North Carolina



Contact Information

An electronic copy of this report can be downloaded from the Pitt County Health Department's website at <https://www.pittcountync.gov/229/Public-Health> (click on Health Statistics and then Community Health Needs Assessment). The report is also available on the Vidant Medical Center's website at [Health Needs Assessment - Vidant Health](#). Paper copies of the Community Health Needs Assessment can be viewed at Pitt County's local public libraries as follows: Sheppard Memorial Library, Main Branch, 530 Evans Street, Greenville; Carver Branch Library, 618 W. 14th Avenue, Greenville; East Branch Library, 2000 Cedar Lane, Greenville; Blount Branch Library, 201 Ives Street, Bethel; and the Winterville Public Library, 2613 Railroad Street, Winterville. The report can also be viewed at the Pitt Community College Library and the East Carolina University Libraries (Joyner Library and the William E. Laupus Health Services Library).

For more information about access to this report or to request a presentation for an organization or community group, please contact Pitt County Health Department's Health Education Division Director at pitthealth@pittcountync.gov or 252-902-2300, or contact Catherine Nelson, Senior Administrator of Community Health Programs, Vidant Medical Center at cnelson@vidanthealth.com or 252-847-6077.

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Acknowledgements

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A sincere thank you is offered to the 223 members of the Pitt Partners for Health Coalition, including its 18-member steering committee, and to the Health Education Division of the Pitt County Health Department for participating in the Community Health Needs Assessment (CHNA) data presentations and for participating in trainings to learn new methods designed to successfully implement the 2021-2022 CHNA, the Community Health Improvement Plans, and Implementation Strategies.

A special thank you is extended to the 928 Pitt County residents who completed a community opinion survey and to the 69 community members who participated in seven focus group sessions, all from which rich feedback was generated, helping to identify health issues among the Pitt County community. The focus group participant groups included: Gold Path Seniors (Senior Citizens), Pitt County Aging Coalition, Pitt County Emergency Management First Responders, Pitt County School Social Workers, Pitt County School Nurses, Healthy Lives Healthy Choices Lay Health Advisors, and the Pitt-Greenville Chamber of Commerce Young Professionals Group.

Thank you to the leadership team and committee members of Health ENC, who implemented the Regional Community Health Needs Assessment process within eastern NC, of which Pitt County is affiliated. Appreciation is extended to Melissa Roupe, Vice President, Healthy Opportunities, Vidant Health /Access East, for her leadership of the Health ENC Regional CHNA steering committee, and for serving as a liaison between Health ENC and the Vidant Health hospitals that partnered with local health departments to produce a joint CHNA for their respective counties.

Recognition is extended to the East Carolina University (ECU) Department of Public Health, including Dr. Greg Kearney and his ECU MPH students, who served as a vendor to Health ENC and compiled / analyzed the majority of the secondary data included in the CHNA, as well as the primary data collected from the Community Opinion Survey.

Thank you to Will Broughton, NC Foundation for Health Leadership and Innovation, and to Kathy Dail, NC Division of Public Health for their guidance regarding the Healthy NC 2030 indicators, as well as the Results Based Accountability (RBA) method to better align the CHNA strategies to improve population health.

Executive Summary

Pitt County Health Department (PCHD) and Vidant Medical Center (VMC) are pleased to present the 2021-2022 Community Health Needs Assessment (CHNA), which provides an overview of the methods and processes used to identify and prioritize significant health priorities and indicators in Pitt County. This CHNA is also part of a regional collaborative with Health ENC that is comprised of health departments and hospitals in eastern North Carolina. Health ENC uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment, in addition to individual county assessments.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (NC DHHS) to conduct community health assessments once every four years. PCHD has elected to conduct an assessment every three years, in collaboration with VMC. Since 1997, VMC (formerly Pitt County Memorial Hospital), the PCHD, and Pitt Partners for Health (PPH) have conducted joint CHNAs and worked together to build a healthier Pitt County. PPH is a grassroots organization consisting of local stakeholders that started in 1995 and serves as the county's comprehensive health coalition. VMC's Community Health Programs department serves as the administrative agency for PPH.

The data collection portion of this CHNA is composed of primary data (community opinion survey and focus groups) and secondary data, including morbidity and mortality statistics, as well as emergency department and inpatient admissions statistics from VMC.

The CHNA data were reported at a virtual PPH meeting in November of 2021 by representatives from the health department and hospital. At a subsequent meeting, a consultant from the North Carolina Division of Public Health provided a presentation on "Healthy NC 2030: A Path toward Health." This presentation represented work by a State task force, led by the NC Institute of Medicine, that prioritized health equity by selecting indicators related to health disparities within the State. Indicator topics included Social & Economic Factors, Physical Environment, Health Behaviors, Clinical Care, and Health Outcomes. PPH members were given the opportunity to vote for the top three health priorities/indicators to address over the next three years, based upon the needs represented by the data, and availability of adequate support in the PPH coalition and the community. These include:

- 1) Access to Care/Social Determinants of Health (Individuals living below 200% of the Federal Poverty Level);
- 2) Healthy lifestyles (Limited access to healthy foods); and
- 3) Mental / Behavioral Health (Adverse childhood experiences; Individuals living below 200% of the Federal Poverty Level).

In February of 2022, the VMC Board of Trustees adopted PPH's recommended health priorities/indicators to

address over the next three years.

The CHNA data presentation was also jointly conducted by representatives from the PCHD and VMC in November of 2021 to the Pitt County Board of Health (BOH) during a televised and livestreamed meeting, reaching the broader community. BOH members continued to review the data in greater detail during subsequent meetings. In March of 2022, the BOH selected health priorities/indicators similar to those recommended by PPH, as well as additional indicators to address over the next three years, based upon both secondary data and primary data collected from community members. These include:

- 1) Chronic Disease Prevention with a focus on Improving access to health foods, Reduction of sugar sweetened beverage consumption, and Increase of Physical Activity;
- 2) Mental / Behavioral Health; and
- 3) Infant Mortality Prevention.

By September 2022, the Pitt County Health Department will release a Community Health Improvement Plan based upon the health priorities/indicators selected by the BOH. The VMC Board of Trustees will approve an Implementation Strategy that addresses the adopted health priorities/indicators as recommended by PPH.

Vision Statement

PCHD, VMC, and PPH share the goal of population health improvement. The vision and mission statements of each organization and coalition address very similar commitments to this goal. Each entity will uphold its individual vision and mission statements to adequately address the findings outlined within Pitt County's CHNA.

PCHD Vision: A community whose population demonstrates healthy behaviors and recognizes Pitt County Health Department as a leader and a valued partner working to protect and improve the health of the community. **PCHD Mission:** To protect, promote and assure the health of all people in Pitt County.

Vidant Health Vision: To become the national model for rural health and wellness by creating a premier, trusted health care delivery and education system. **Vidant Health Mission:** To improve the health and well-being of eastern North Carolina.

PPH Mission: To improve the population health of Pitt County through coalition building and partnership.

Leadership

Pitt County's CHNA was completed by PCHD's Health Education Team, VMC's Community Health Programs staff and members of the PPH Steering Committee. PCHD and VMC have a long history of working

collaboratively to conduct community health needs assessments and implement interventions known to improve population health. Although each of these entities select specific health priorities to improve over a three-year period, staff of both entities work together to ensure all of the selected health priorities are addressed. This work is achieved by staff serving interchangeably on coalitions, advisory councils, and/or action teams administered by both the PCHD and VMC. The PCHD Health Education Team, VMC staff and members of the PPH community health coalition Steering Committee comprise the leadership team for the CHNA. For almost 27 years, VMC has served as the administrative agency for the PPH coalition. This Partnership is comprised of 243 members representing individuals from a variety of organizations such as government, healthcare, the faith community, civic organizations, and members of the general public. Meetings are held on the 2nd Thursday of each month in diverse, community focused locations throughout the County. During the COVID-19 pandemic, all coalition meetings were held virtually. The Partnership is led by an 18+ member Steering Committee representing the community, hospital (VMC), PCHD, ECU Brody School of Medicine, business community and faith community. Members work collaboratively to respond to the compelling health needs of Pitt County residents through assessment, resource identification and development, advocacy, comprehensive planning and coordination of health intervention and prevention strategies.

PPH Steering Committee Member	Affiliation
Alice Keene	Pitt County Government, Planning Department
Amanda Sparling	AmeriHealth Caritas
Amy Hattem	Pitt County Health Department
Catherine Nelson	Vidant Medical Center
Jane Rose	Fountain Presbyterian Church (Retired Minister)
Dr. John Silvernail, MD	Pitt County Health Department, Pitt County Health Director
Kahla Hall	Vidant Health Foundation
Karen Koch	Eastern AHEC
Keith Letchworth	Trillium
Mary Hall	Vidant Medical Center
Nikki Hyatt	Vidant Medical Center
Qua'Tavia White	Vidant Medical Center
Robin Tant	Pitt County Health Department
Ronita Jones	Pitt County Health Department / West Greenville Health Council

Dr. Doyle “Skip” Cummings	East Carolina University, Brody School of Medicine, Department of Family Medicine
Sue Anne Pilgreen	Vidant Medical Center
Theresa Blount	Vidant Medical Center
Tiera Beale	Vidant Medical Center
Vicki Dougherty	Vidant Medical Center

In addition to the guidance provided by the PPH Steering Committee, the following individuals made significant contributions to this report by presenting its key findings to local community groups and boards, promoting community participation in health priority setting sessions, organizing and facilitating community focus groups, researching local resources, writing sections of the report that are specific to Pitt County and inclusive of requirements of both the NC Division of Health and Human Services and the IRS, and making edits to this final document. Acknowledgement and appreciation are given to the following individuals for their contributions to this CHNA report:

Name	Affiliation
Amy Hattem	Deputy Health Director & Director of Health Education and Public Information, Pitt County Health Department (retired April 2022)
Catherine Nelson	Senior Administrator, Community Health Program, Vidant Medical Center
Mary Hall	Pitt Partners for Health (PPH) Coordinator, Community Health Programs Vidant Medical Center
Abigail Hubbard	Emergency Preparedness Coordinator, Pitt County Health Department
Jennifer Hardee	Coordinator of Women’s and Children’s Health Education Programs, Pitt County Health Department
Melissa Roupe	Vice President, Healthy Opportunities, Vidant Health / Access East

Partnerships/Collaborations

The major partnerships responsible for the development of this CHNA include the PCHD, VMC, PPH coalition

(including the numerous organizations and community groups represented by each member of PPH), the community focus group participants, and Health ENC. These partnerships are described in greater detail in the ***Acknowledgment, Leadership, and Collaborative Process Summary*** sections of this report. In addition, the following media affiliates and media outlets routinely advertised and promoted the CHNA Community Opinion Survey through emails, on-air announcements, and website postings:

- WNCT-TV Channel 9, Greenville, NC
- WITN-TV Channel 7, Greenville, NC
- *The Daily Reflector* Newspaper, Greenville, NC
- Pitt County Government, Office of Public Information
- Pitt County Schools, Office of Public Information
- Pitt County Chamber of Commerce
- Vidant Medical Center, Office of Public Information

Regional/Contracted Services

PCHD and VMC are among 34 health departments and 31 hospitals in eastern North Carolina that comprise the Health ENC collaborative. This collaborative uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment. The majority of the data in this CHNA was provided through the Health ENC collaborative, who contracted with an outside vendor (ECU Department of Public Health), to perform data collection and analysis for each participating county. Additional data and analysis were provided by PCHD and VMC staff, who completed Pitt County's final CHNA document.

Theoretical Framework/Model

The Population Health Model was widely used to guide Pitt County's CHNA process, as it supports a collaborative framework among local healthcare agencies and other organizations to work together to improve the overall health of the local community as a whole through consideration of numerous factors.¹ The Population Health Model considers individual behaviors that impact one's health; social factors and physical conditions of the environment; availability of health services; and policies that affect the health of entire populations. This CHNA addresses each of these areas.

The interactive process of MAPP (Mobilizing Action Through Planning and Partnerships) was also used as a framework due to its strategic planning component that can improve the performance of local public health systems.² The MAPP framework provides opportunity for community members' input regarding the perceived important aspects of the local community, perceptions about quality of life and local assets. MAPP also includes the assessment of the community's health status as well as the competencies and capacities of the healthcare system to address such issues. The Focus of Change Assessment component of MAPP allowed for consideration of the COVID-19 pandemic,

¹ Centers for Disease Control and Prevention, [What is Population Health? | Population Health Training in Place Program \(PH-TIPP\) | CDC](#)

² NACCHO- National Association of Cities and Communities, [Mobilizing for Action through Planning and Partnerships \(MAPP\) - NACCHO](#)

which highly impacted Pitt County's health status, throughout 2020 and beyond.

Collaborative Process Summary

PCHD, VMC, and the PPH Steering Committee began discussing the CHNA timeline in early spring of 2021 and met frequently in a virtual format to establish the alignment of Pitt County's CHNA with the Regional CHNA timeline, implemented by Health ENC. Numerous meetings (both virtual and face-to-face) were held between the spring of 2021 – winter of 2022 among PPH steering committee members, the full PPH coalition, the Pitt County BOH, the VMC Board of Trustees, and the broader community to present and discuss the primary and secondary data findings. Voting, to select Pitt County's health priority areas for the next three years, based upon the Healthy NC 2030 indicators, occurred between January 2022 – March 2022. Upon finalizing Pitt County's health priority areas of focus, PCHD and VMC began writing the draft of Pitt County's CHNA in late February of 2022. The final 2021-2022 Pitt County CHNA document was completed in early April 2022. For a detailed timeline and account of the priorities selected, see the ***Community Prioritization Process (Chapter 10)*** section of this document.

Key Findings

Pitt County's top five leading causes of death in 2019 (the most recent data) were Heart Disease, Cancer, Cerebrovascular Disease (Stroke), Other Unintentional Injuries, and Diabetes Mellitus. In 2020 and 2021, the top reasons for emergency department visits that resulted in hospitalizations and inpatient hospitalizations include Sepsis, Kidney Disease, Hypertensive Heart Disease and COVID-19. In 2021, COVID-19 surpassed all other reasons for hospitalizations following an emergency department visit and was the 2nd leading reason for inpatient hospitalizations.

Key findings from a community survey and focus groups revealed that residents were concerned with the levels of low income and poverty within the County as well as drugs / alcohol abuse and lack of affordable housing. Participants were also concerned with the high rate of death and disability due to chronic diseases, including COVID-19. Mental / behavioral health was also listed as a major concern. Participants voiced the need for better access to healthy foods, recreational opportunities close to home, and affordable health care including access to mobile services.

Infant mortality (death of an infant prior to one year of age) was identified as an area of priority, due to Pitt County's rate historically surpassing the State's rate and due to the wide disparity between the rate among Pitt County's White non-Hispanic and African American non-Hispanic infants. African American non-Hispanic infants die at over four times the rate of White non-Hispanic infants in Pitt County.

Pitt County's alarmingly high rate of Chlamydia (sexually transmitted disease) was another key finding from the needs assessment. In 2019, Pitt County's rate of Chlamydia was 81.4% higher than NC's rate. From 2015-2019, Pitt County experienced a 31% increase in the annual number of newly diagnosed cases of Chlamydia.

An assessment of Pitt County's resources demonstrates that Pitt County is rich in numerous health

and human service resources, including adequate health care opportunities for residents. However, residents voiced concerns with difficulties obtaining healthcare appointments. The assessment also revealed many resources related to affordable public exercise and recreational opportunities as well as available assistance from non-profit and faith-based organizations. See the ***Inventory of Resources*** Section in Chapter 9 of this document, for more information.

Health Priorities

The Pitt County Board of Health selected the following health priorities / indicators as areas of focus for the next three years:

- Chronic Disease Prevention with a focus on: Improving access to health foods, Reduction of sugar sweetened beverage consumption, and Increase of Physical Activity;
- Mental / Behavioral Health; and
- Infant Mortality Prevention

The Vidant Medical Center Board of Trustees selected the following health priorities / indicators as areas of focus for the next three years:

- Access to Care/Social Determinants of Health (Individuals living below 200% of the Federal Poverty Level);
- Healthy lifestyles (Limited access to healthy foods); and
- Mental/Behavioral Health (Adverse childhood experiences; Individuals living below 200% of the Federal Poverty Level)

Next Steps

PCHD is currently comprising a Community Health Improvement Plan encompassing evidence-based activities to adequately address the selected health priorities/indicators. PPH is also forming a similar plan and coalition members are positioning to work on the identified areas of concern. PCHD and VMC are working collaboratively to share resources and to assure activities and strategies are well aligned among all entities. By September 2022, the Pitt County Health Department will release a Community Health Improvement Plan based upon the health priorities/indicators selected by the BOH. The VMC Board of Trustees will approve an Implementation Strategy that addresses the adopted health priorities/indicators as presented by PPH.

Chapter 1 Introduction

Description of County

Incorporated in 1760, Pitt County encompasses an area of 655 square miles. Pitt County is located in the heart of eastern North Carolina and is situated in between the Outer Banks of NC and the State Capital, located in Raleigh, NC.³ The Tar River runs through the Center of the County. The County is comprised of ten municipalities with Greenville serving as the county seat. Pitt County's population has continued to grow since the 2010 Census reported the County's population as 168,148. According to the US Census Bureau, there were 170,243 individuals residing in Pitt County in 2020 and an estimated 172,169 in 2021.⁴

Pitt County has a relatively mild climate and experiences all four seasons each year. The temperature ranges from an average daily high of 72 degrees and an average daily low of 50 degrees. The average annual precipitation is 49.0 inches. The growing season lasts approximately 220 days between late March to early November. Tobacco, corn, soybeans, wheat, peanuts, and vegetables are the primary crops grown in the County. Other agricultural products include eggs, livestock and poultry.⁵

The Greenville Metropolitan Statistical Area (MSA), which encompasses all of Pitt County, is one of the fastest growing urban centers in North Carolina. Pitt County's economy is strong and credited to major employers including: East Carolina University (education), Pitt Community College (education), Vidant Medical Center (health care), Thermo Fisher Scientific (pharmaceutical manufacturing), Mayne Pharma (pharmaceuticals), DSM Dyneema (high performance fibers), Hexacomb (structural panels), Hyster-Yale (lift trucks), ATTENDS Healthcare Products, Grady-White (power boats), Mestek (heating apparatus), Sag Harbor Industries (electronic components), CMI Plastics, Inc. (plastic thermoforming), Hammock Source (hammocks, canvas products), Metallix Refining (precious metals), TRC-The Roberts Company (metal fabrication).⁶ Pitt County is also home to several agricultural and food products manufacturers,⁷ logistics and distribution companies,⁸ and a plethora of other thriving businesses and industries.⁹ The largest employment sectors within Pitt County are healthcare and social assistance, educational services, and retail trade.¹⁰

Pitt County has a robust education system. Pitt County Schools (public school system) is comprised of 38 schools including one Pre-K Education Center with total enrollment exceeding 24,000 students.¹¹ Pitt County is also home to a host of private, parochial or home schools. Pitt Community College is the 6th largest among the 58 NC campus community colleges. Enrollment, including credit and noncredit programs, exceeds 23,000 students annually. Students can receive associate degrees, diplomas and certificates from more than 60 programs. Adult basic education, literacy training and occupational extension courses are also

³ Pitt County Developmental Commission, [Home - Pitt County Economic Development \(growpittcountync.com\)](http://growpittcountync.com)

⁴ United States Census, [U.S. Census Bureau QuickFacts: Pitt County, North Carolina](https://www.census.gov/quickfacts/pitt-county-north-carolina)

⁵ Pitt County Developmental Commission, <http://locateincarolina.com/>

⁶ Pitt County Developmental Commission, <http://locateincarolina.com/>

⁷ Pitt County Developmental Commission, [Food & Agriculture - Pitt County Economic Development \(growpittcountync.com\)](http://growpittcountync.com)

⁸ Pitt County Developmental Commission, [Logistics & Distribution - Pitt County Economic Development \(growpittcountync.com\)](http://growpittcountync.com)

⁹ Pitt County Developmental Commission, [Directory - Pitt County Economic Development \(growpittcountync.com\)](http://growpittcountync.com)

¹⁰ Pitt County Developmental Commission, [Demographics & Economy - Pitt County Economic Development \(growpittcountync.com\)](http://growpittcountync.com)

¹¹ Pitt County Schools, [About Us / Overview \(pitt.k12.nc.us\)](http://pitt.k12.nc.us)

offered.¹² East Carolina University is the third largest university in the State. Enrollment was 28,021 during the 2021 fall semester of which 23,056 were undergraduates. Degrees include: 87 Bachelors, 69 Masters, 13 Research Doctoral, 5 Professional Doctoral, 2 Intermediate / Specialist, 89 Departmental Specialist, 133 degree and certificate programs approved for online delivery. The Brody School of Medicine at ECU offers a four - year Medical Doctor degree and six PhD programs. The School of Dental Medicine opened in the fall of 2011.¹³

Pitt County is known for its many well-established healthcare facilities. Vidant Medical Center, located in the County seat of Greenville, is one of Vidant Health's nine hospitals within eastern NC that serve 29 counties.¹⁴ Vidant Medical Center is also affiliated with the Brody School of Medicine at East Carolina University. There are numerous other public and private medical facilities located within Pitt County. For more information, see the ***Inventory of Resources*** section, in Chapter 9.

Pitt County is also home to numerous recreational opportunities. Both the City of Greenville and the County of Pitt offer public parks and trails. Several municipalities have incorporated a built environment such as sidewalks and open spaces that foster physical activity. Refer to the ***Inventory of Resources*** section in Chapter 9, for more information.

In August of 2020, Pitt County, North Carolina was recognized as one of 10 "All-America County" award winners. This honor was presented to the County by the National Civic League, during their annual conference, held virtually throughout the nation, and hosted from Denver CO. The award comes in recognition of the County's work in inclusive civic engagement to address health and well-being, and create stronger connections among residents, businesses, and nonprofit and government leaders.¹⁵

Overview of Health ENC

Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment every three years that can be used to partially satisfy requirements for North Carolina Local Health Department Accreditation and the Internal Revenue Service requirement under the Patient Protection and Affordable Care Act for charitable hospitals.

Overview of Community Health Needs Assessment Process

The Community Health Needs Assessment Process gathers population health data that county health departments, hospitals, community groups can use to

- Identify key health needs/issues in eastern North Carolina Communities
- Develop strategies and action plans based upon data aim to improve the quality of life
- Collaborate to maximize results by having a collective impact in the region

¹² Pitt Community College, <https://pittcc.edu/about-pcc/history-of-pcc/>

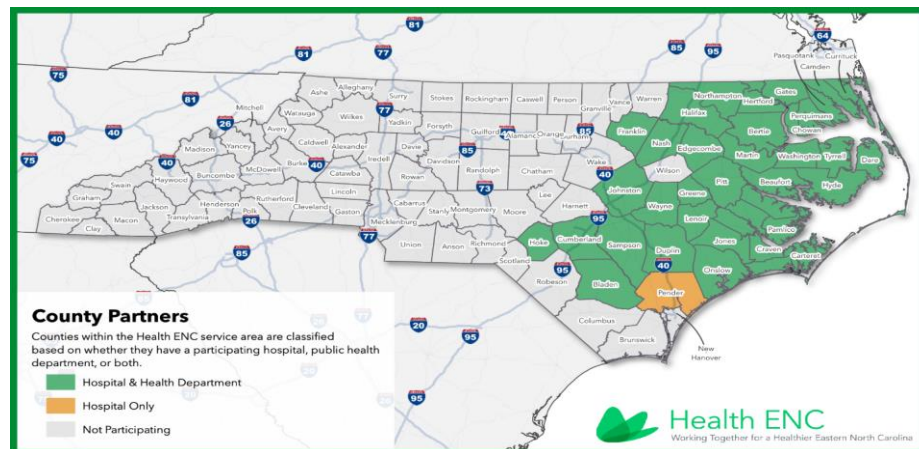
¹³ East Carolina University, [ECU BY THE NUMBERS | facts.ecu.edu](#) | [ECU](#)

¹⁴ [About Us - Vidant Health](#)

¹⁵ Pitt County Government, [All-America County Award | Pitt County, NC \(pittcountync.gov\)](#)

- Maintain local control and decision-making about the choice of health priorities and interventions, and
- Improve health, partnerships, and communication.

Participating Health ENC Counties



Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne Counties.

Health Data Sources

Primary Data – Community Survey

Survey Methodology/Design

Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included (1) a community survey that could be distributed online or by a paper submission and (2) focus group discussions in some counties. The Health ENC Steering Committee did not encourage focus groups for the 2021-2022 Community Health Needs Assessments because of the global COVID-19 pandemic. However, some counties were able to hold focus group discussions safely despite significant challenges in collecting enough survey responses to accurately represent their community's population.

Survey Design:

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee

reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenience sample that was being conducted during a global pandemic (COVID-19), each county was asked to complete a minimum of 300 surveys with representation from as many community groups as possible to assure sufficient sampling to represent the full community. The target of 300 surveys per county was identified through previous work with data analysis vendors who examined each county's population and confirmed this number should provide an accurate reflection of the total county's population, if responses reflected the population demographics equally.

The surveys were made available to the public from April 1 – June 30, 2021. Surveys were made available in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Most counties did not have an equally distributed response to surveys to represent their entire county's population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys. Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.

As a Health ENC partner, surveys were also made available to the Pitt County community in both paper and online formats using the REDcap software from April 1, 2021 – June 30, 2021. All 928 responses (922 English and 6 Spanish) were submitted electronically. The survey was comprised of 44 core questions and 15 optional questions related to both the COVID-19 pandemic and climate change.

The survey did not capture Pitt County's most vulnerable populations. The majority of Pitt County residents, who completed the survey, were white females, over the age of 55, who had obtained a bachelors or graduate degree, and whose family income surpassed \$100,000 annually.

Key Areas Examined

- Quality of life, health behaviors, health perceptions
- Preventative services, exercise, and access to care

County Responses

- 922 Total English (Total in ENC survey =16,661)
- 6 Total Spanish (Total in ENC survey =502)

Focus Groups Design and Methodology

In addition to the primary data collected from the community survey, focus groups were conducted in Pitt County due to their historical value of providing primary data that reflect vulnerable populations, who were

not be represented in the community survey. Seven (7) focus groups were held during the summer of 2021. Due to the COVID-19 pandemic, six (6) focus groups were conducted virtually, and one was held in a face-to-face format. Participants included community health workers, health providers, community organization professionals and community members of various ages. The focus groups conducted within Pitt County were strategically planned to ensure an accurate representation of the overall community with an emphasis on individuals who serve members, or who are members, of the most vulnerable populations. The majority of the selected groups were highly concentrated with professionals representing the healthcare, human services, and education professional arenas. These individuals regularly interact with the community and could readily identify health issues that are most prevalent among the people they serve. The focus groups representation included the following: Gold Path Seniors (Senior Citizens), Pitt County Aging Coalition, Pitt County Emergency Management First Responders, Pitt County School Social Workers, Pitt County School Nurses, Healthy Lives Healthy Choices Lay Health Advisors, and the Pitt-Greenville Chamber of Commerce Young Professionals Group. A date was reserved for members of AMEXCAN (the Association of Mexicans in NC), but was not held due to conflicting schedules. Focus group participants were not provided any form of compensation or incentives in exchange for the information they provided. Eight (8) core questions were asked among all groups. See **Chapter 8** for information about focus group feedback.

Secondary Data Sources

[Healthy North Carolina 2030 \(HNC 2030\)](#)

[NC State Center for Health Statistics](#)

[Robert Wood Johnson County Health Rankings and Roadmaps](#)

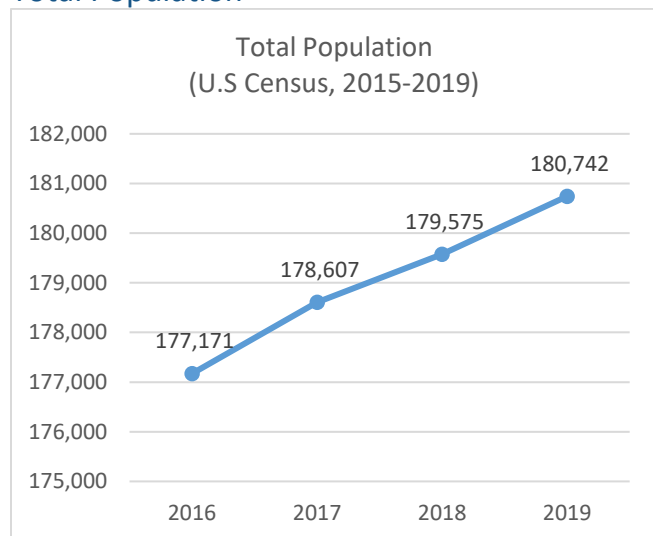
Additional sources are identified with hyperlinks and footnotes throughout this document.

Limitations

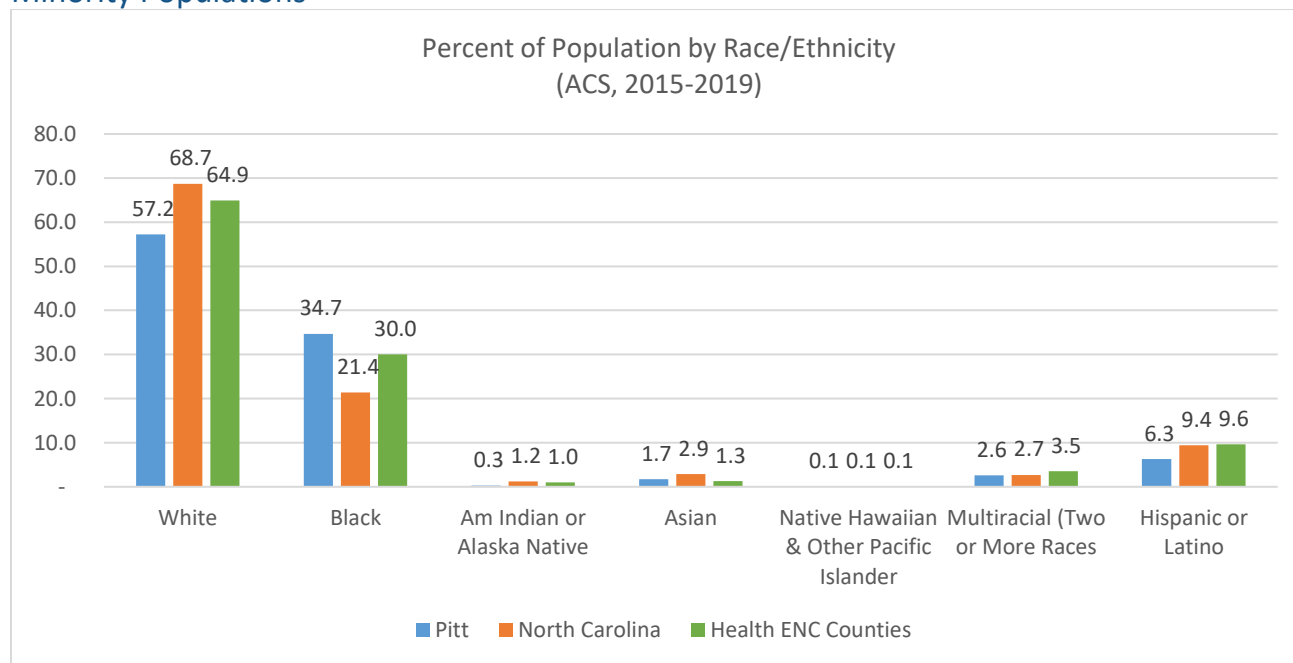
- The data presented represents a snapshot of the population, economic and leading health and wellness issues in eastern NC communities
- It includes primary data gathered from community surveys and secondary data from health and other sources.
- This information can be used as a guide for helping communities identify leading health issues in the Health ENC County Region
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities

Chapter 2 Demographic Profile

Total Population



Minority Populations

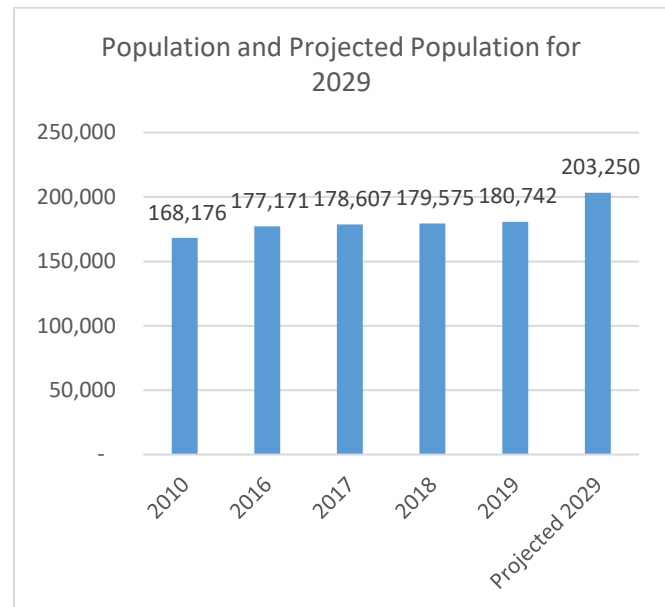


The White population in Pitt County (57.2%) is less than the White population in North Carolina (68.7%) and slightly less than the Health ENC counties (64.9%).

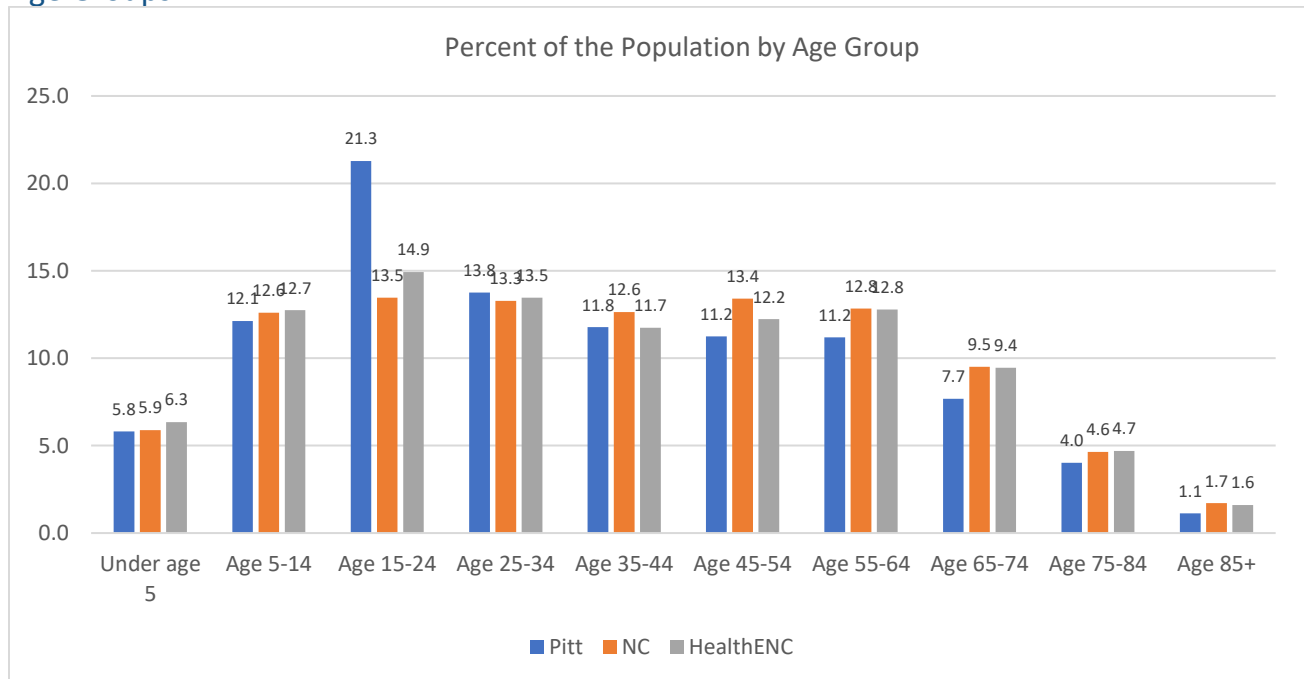
The Black or African American population in Pitt County (34.7%) is higher than the Black or African American population in North Carolina (21.4%) and also higher than the Health ENC counties (30.0%).

The Hispanic or Latino population comprises 6.3% of Pitt County which is less than North Carolina (9.4%) and Health ENC Counties (9.6%).

Population Growth



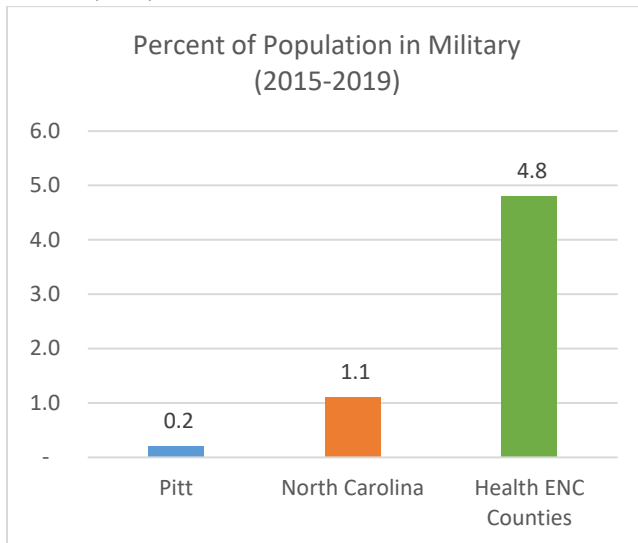
Age Groups



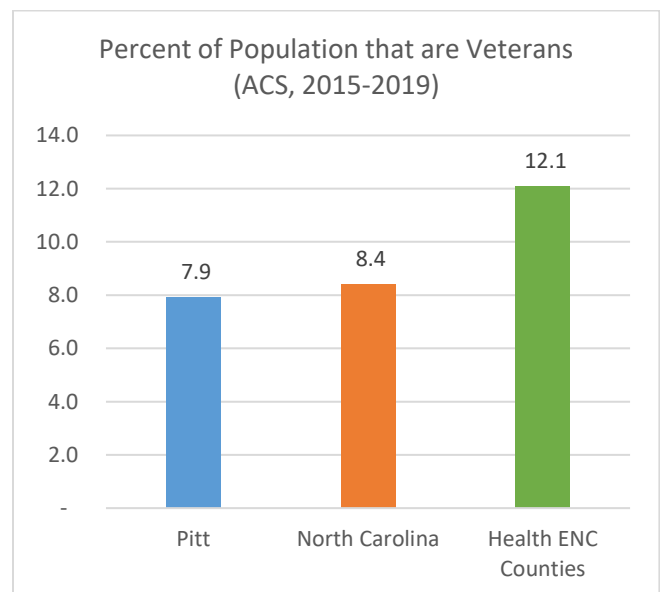
In Pitt County, the percent of people between the ages of 15-24 was higher (21.3%) than the NC (13.5%) and Health ENC County Region (14.9%).

Military/Veteran Populations

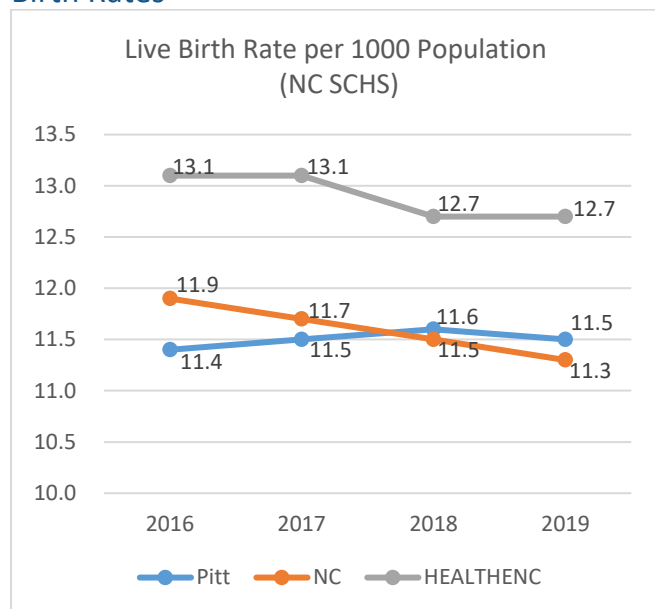
Military Population



Veteran Population



Birth Rates



Analysis of Demographic Data

Since 2016, the population in Pitt County has slightly increased. Although immigration and emigration impact the population count, the birth rate is also a factor. Pitt County's birth rate has only slightly increased since 2016; however, it is projected that Pitt County's population will grow to an estimated 203,250 by the year 2029.

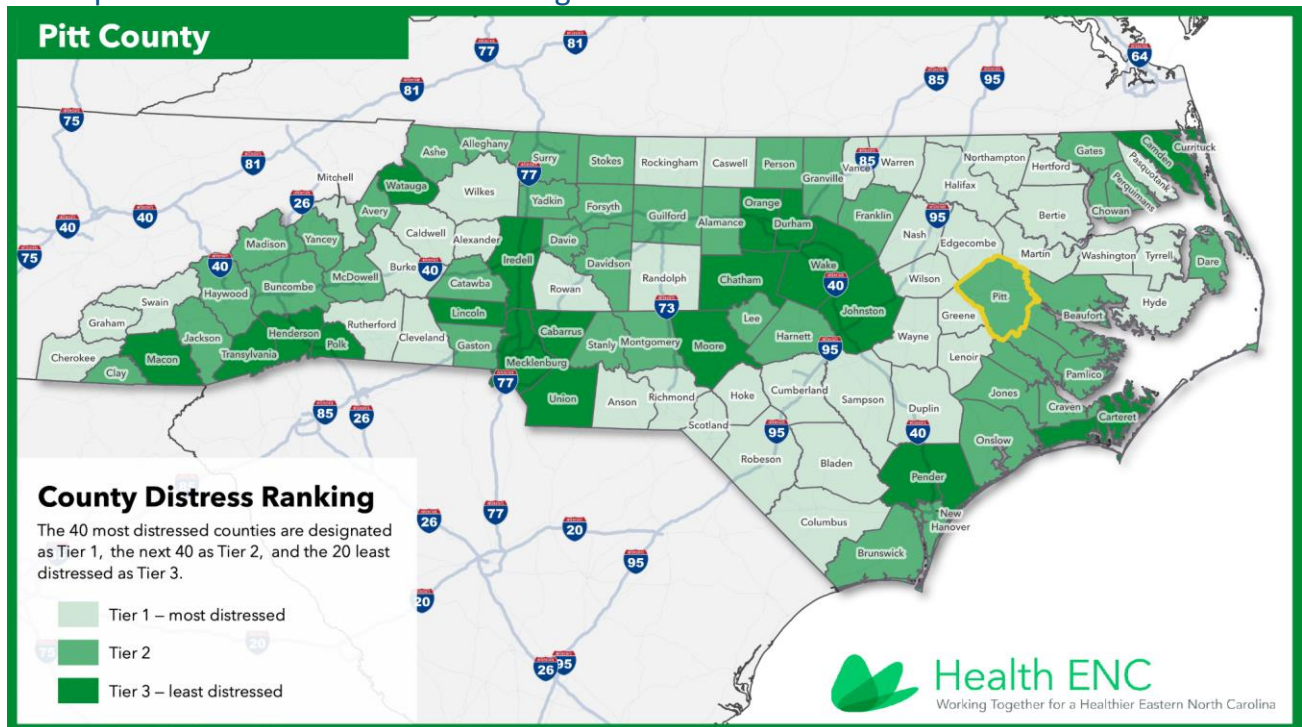
The White population comprises the County's largest population group (57.2%) followed by the Black or African American residents, who represent 34.7%. The Hispanic or Latino population comprises 6.3% of Pitt County's residents.

The most populated age group in Pitt County consists of individuals between the ages of 15-24 years (21.3%). In comparison, the 15-24 years old age group in NC was only 13.5% and 14.9% in the Health ENC Region during this same time period. The remaining population age breakdown for Pitt County includes ages 25-34 years (13.8%), 5-14 years (12.1%), 35-44 years (11.8%), 45-54 years (11.2%), 55-64 years (11.2%), 65-74 years (7.7%), under age 5 years (5.5%), 75-84 years (4.0%) and 85+ years (1.1%). These percentages are very similar for both North Carolina and the Health ENC counties with the exception of the 65-74 year category which represents 9.5% of North Carolina's population and 9.4% of the Health ENC counties.

The percent of Military Population in Pitt County was 0.2% in 2015-2019, which is much smaller in comparison to the counties in Health ENC (4.8%) and North Carolina (1.1%). Between 2012-2016, Pitt County also had a smaller veteran population (7.9%) compared to 8.4% for North Carolina and 12.1% for Health ENC counties.

Chapter 3 Socioeconomic Profile

NC Department of Commerce Tier Designation



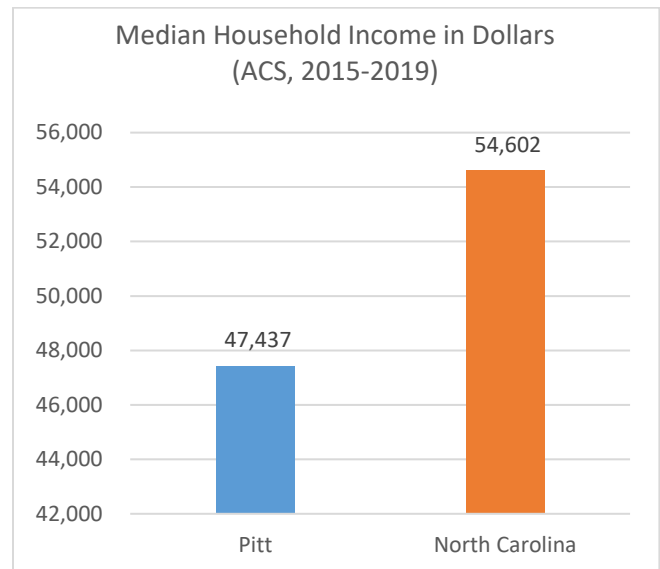
The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Pitt County has been assigned a Tier 2 designation for 2021.

In 2021, Pitt County was assigned a Tier 2 designation.

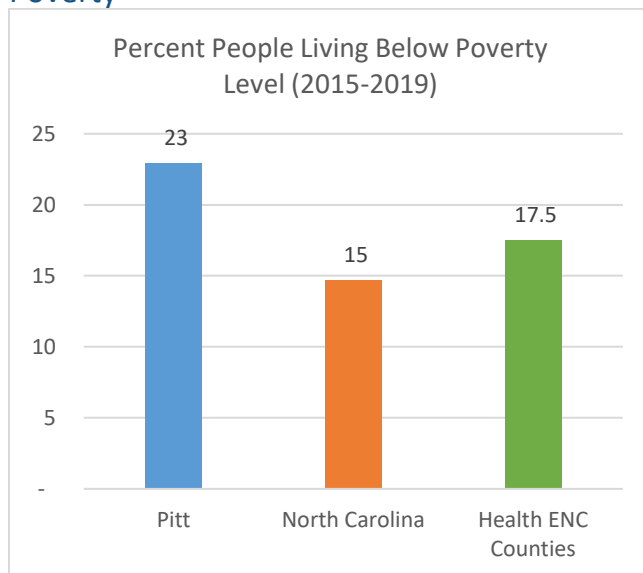
County Tier designations are calculated using four factors:

- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita

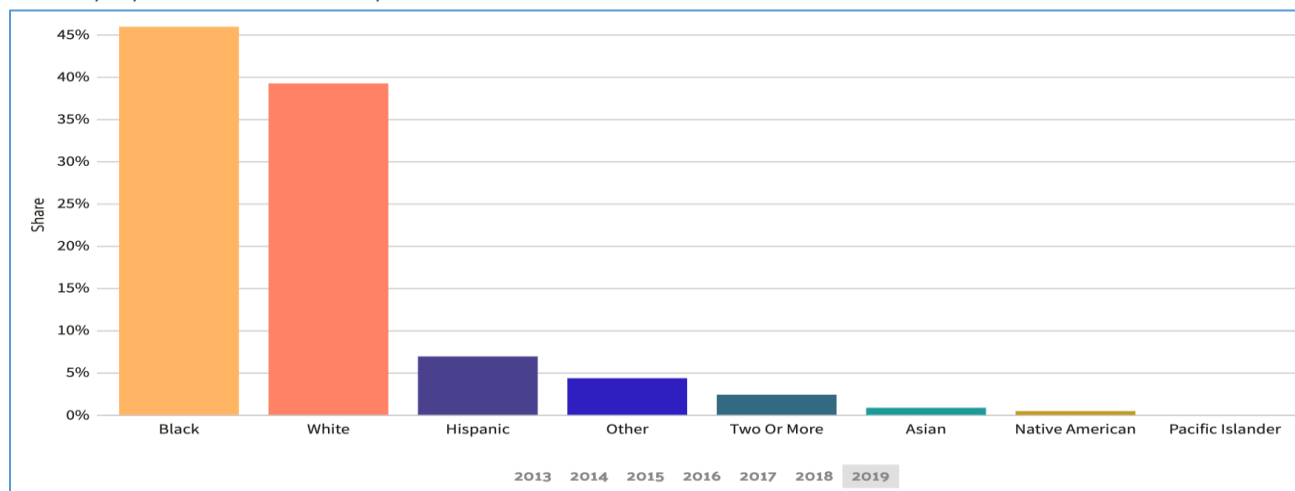
Income



Poverty



Poverty by Race and Ethnicity



Source: U.S. Census Bureau ACS 5-year Estimate - The above results are from 1 year data release for the year 2019.

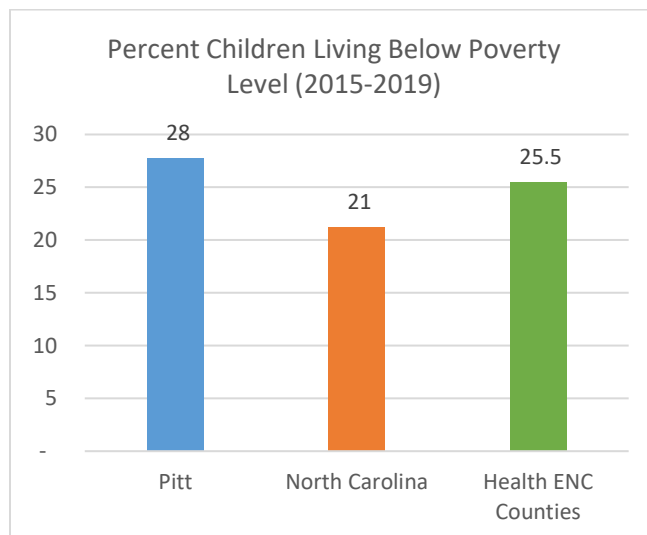
<https://datausa.io/profile/geo/pitt-county-nc#economy>

The most common racial or ethnic group living below the poverty line in Pitt County, NC is Black, followed by White and Hispanic.

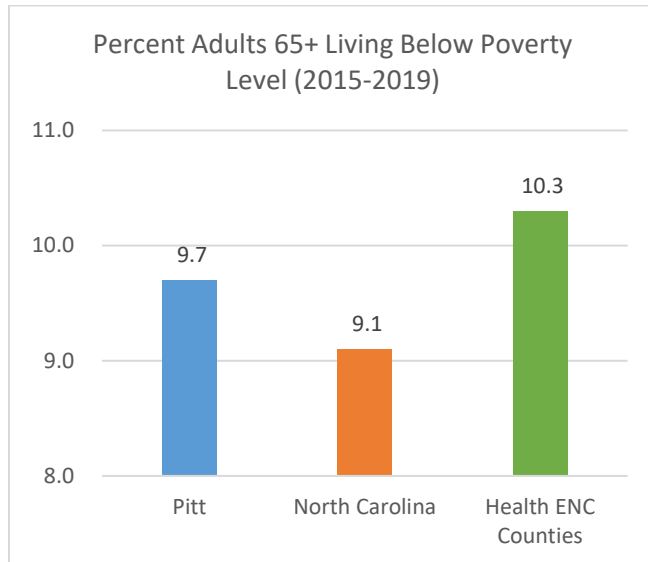
The Census Bureau uses a set of [money income thresholds](#) that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold than that family and every individual in it is considered to be living in poverty.

*Data from the Census Bureau [ACS 5-year Estimate](#).

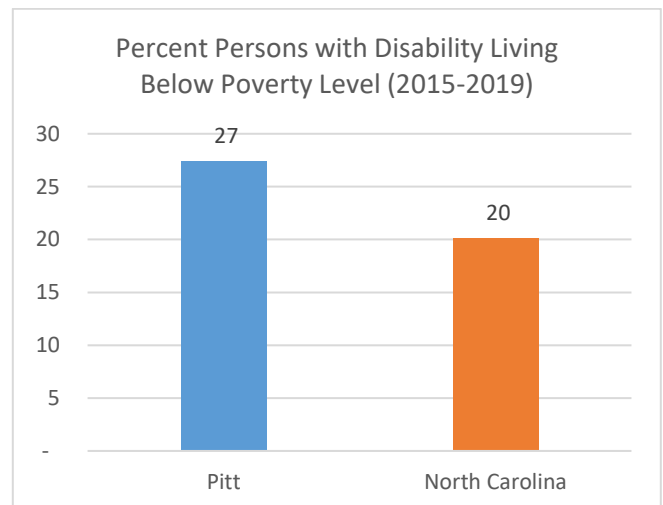
Children in Poverty



Older Adults in Poverty

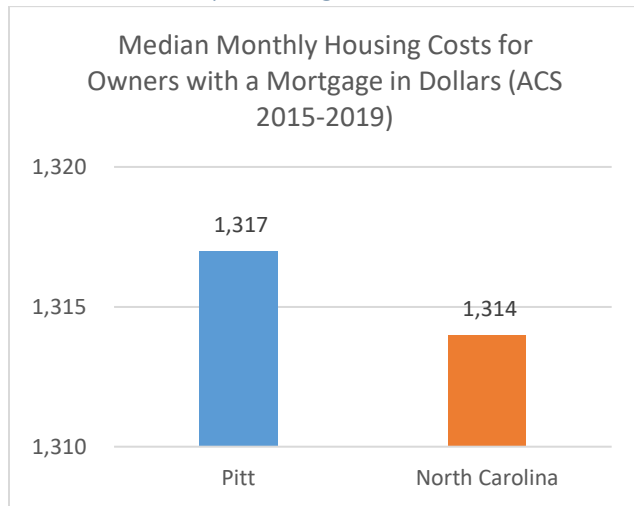


Disabled People in Poverty

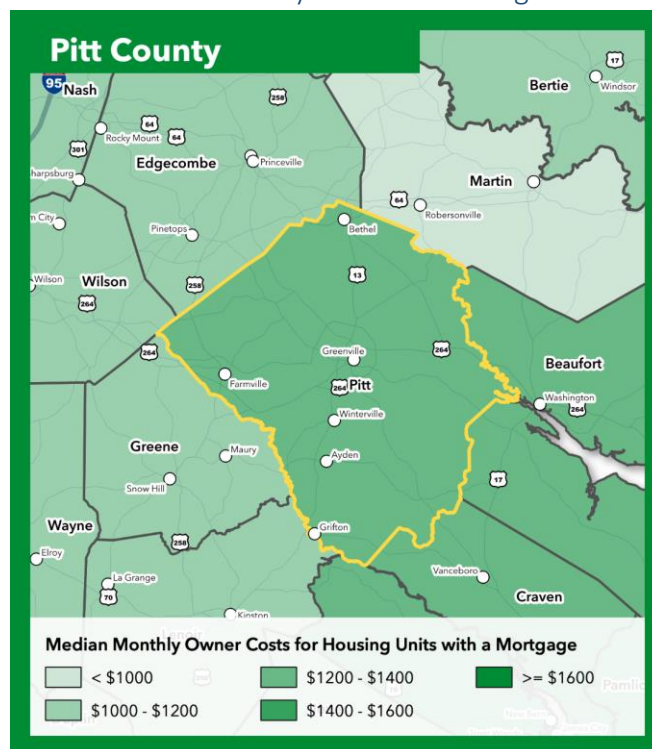


Housing

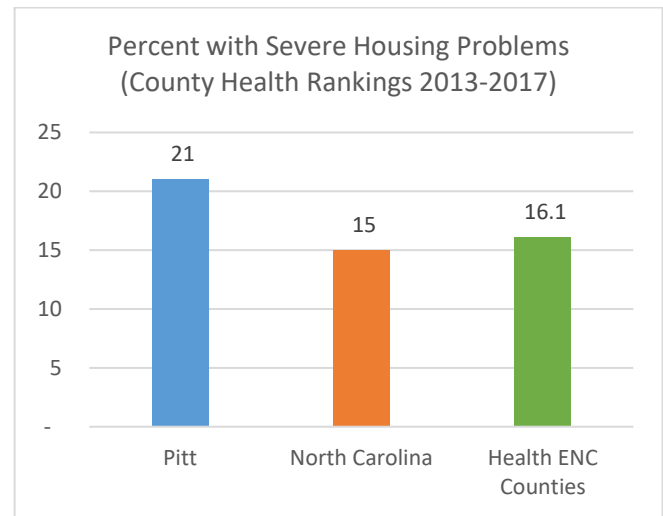
Median Monthly Housing Costs



Median Monthly Household Costs in Pitt County and Surrounding Counties

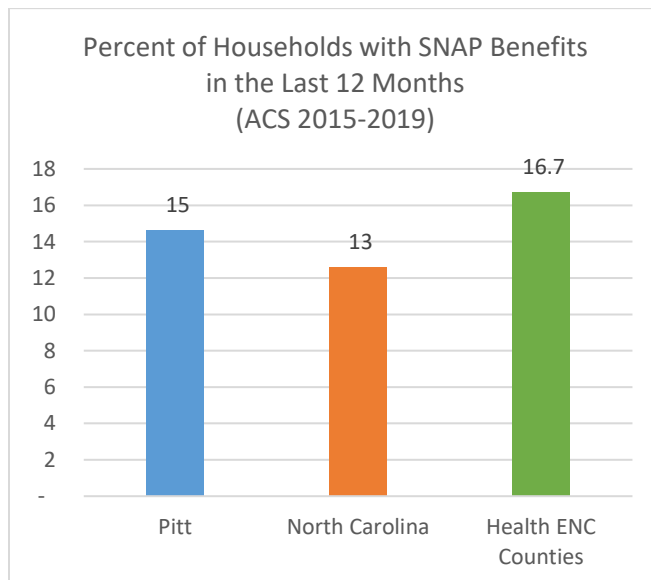


Severe Housing Problems



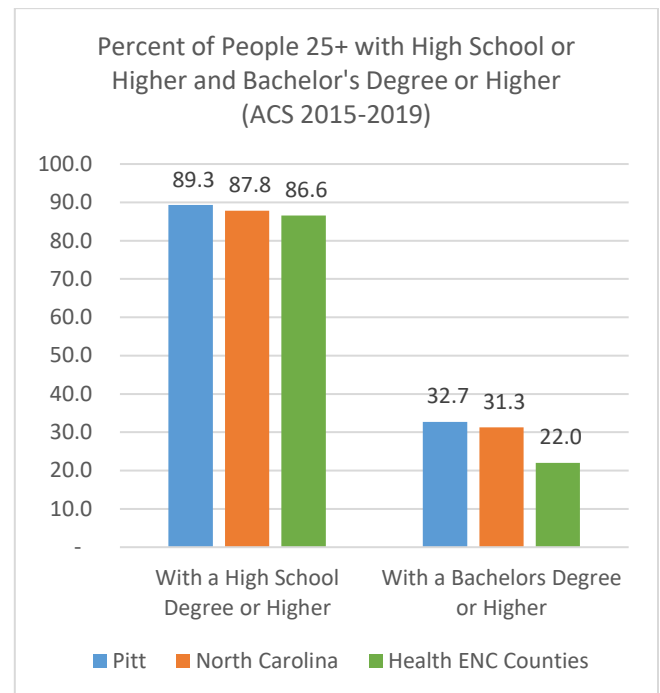
Food Insecurity

Households with SNAP Benefits

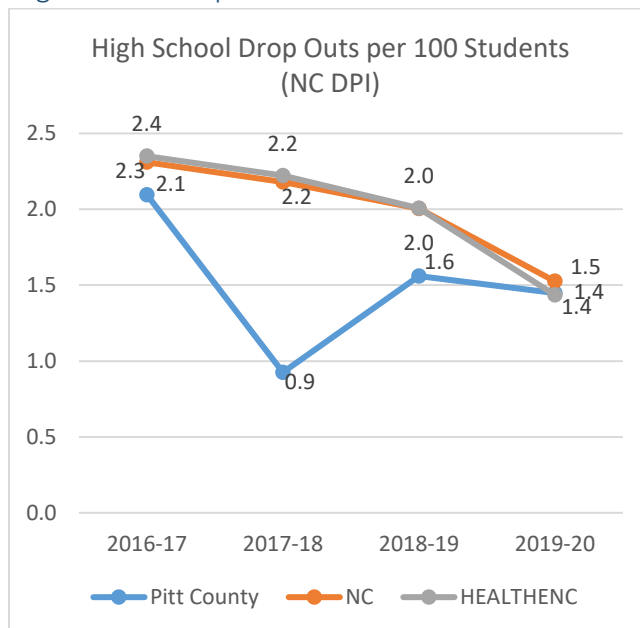


Education

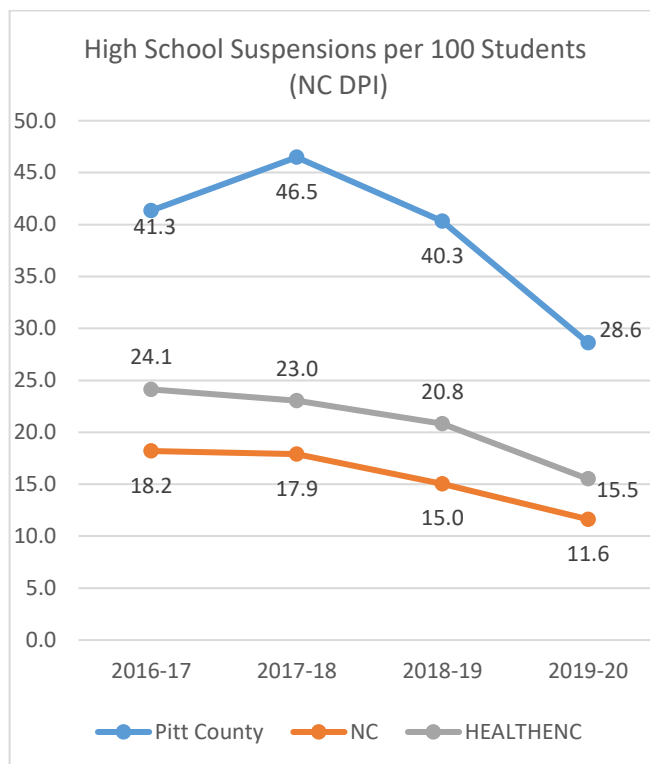
Educational Attainment



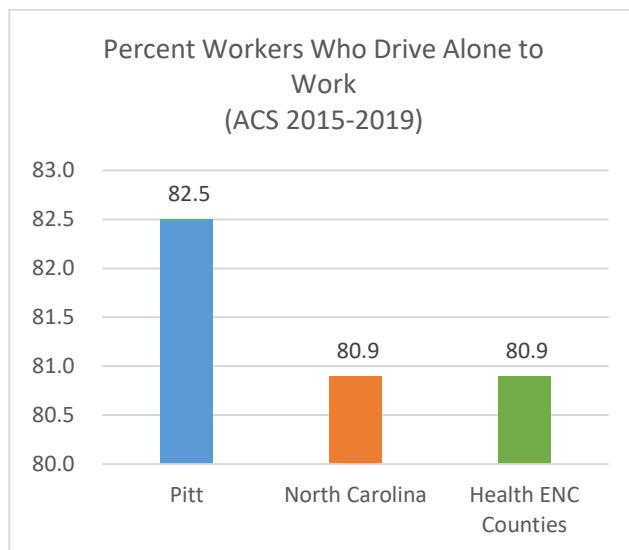
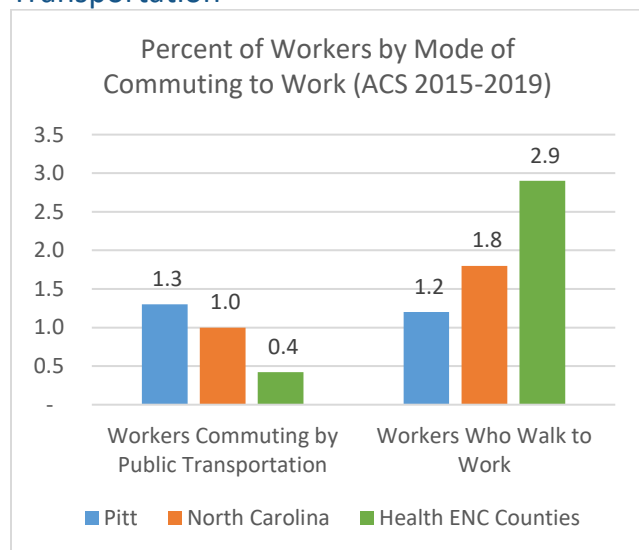
High School Drop Out Rate



High School Suspension Rate



Transportation

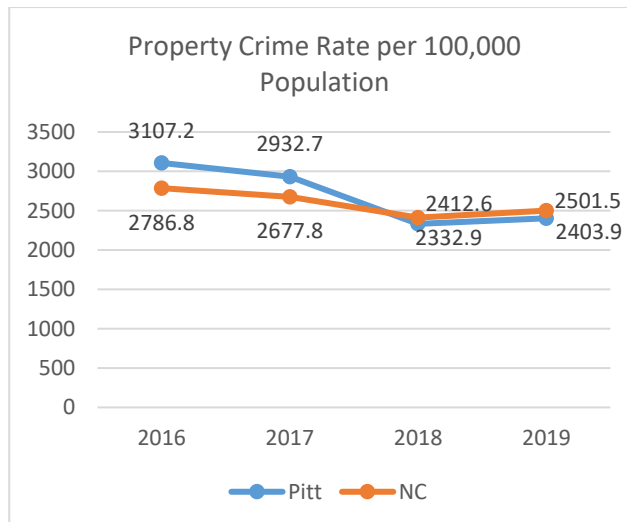
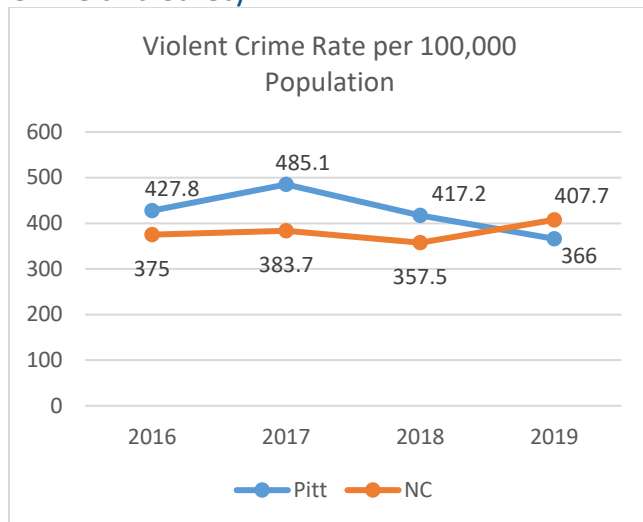


Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

- In Pitt County, an estimated 1.3% of workers commuted to work by public transportation, compared to the state value of 1.0%.

- Approximately 1.2% of workers walked to work, which was lower than the state value of 1.8%.
- An estimated 82.5% of workers 16 and older drive alone to work, compared to 80.9% in N.C.

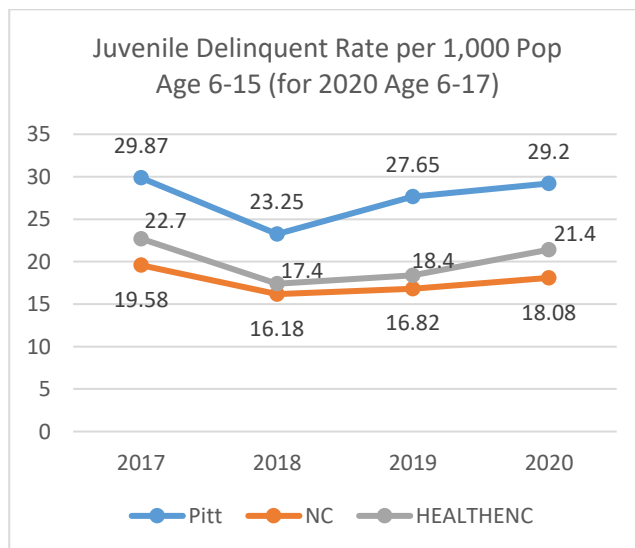
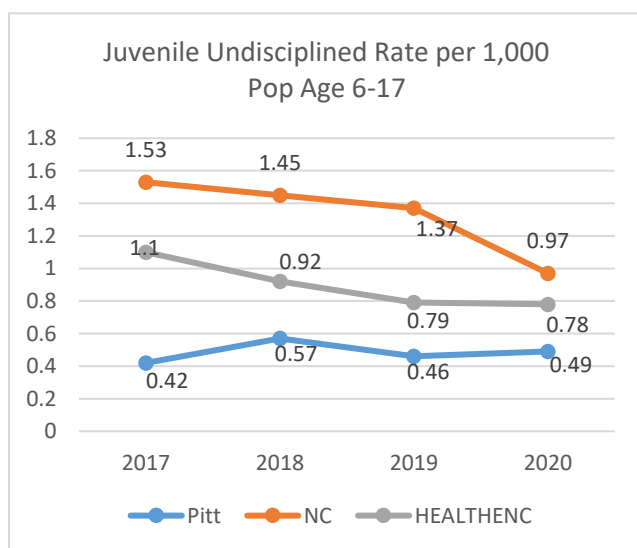
Crime and Safety



Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

- From 2016 to 2019, the violent crime rate in Pitt County decreased from 427.8 to 366.0
- During the same time period, the property crime rate in Pitt County decreased from 3107.2 to 2403.9, which was lower than the N.C. rate

Juvenile Crime

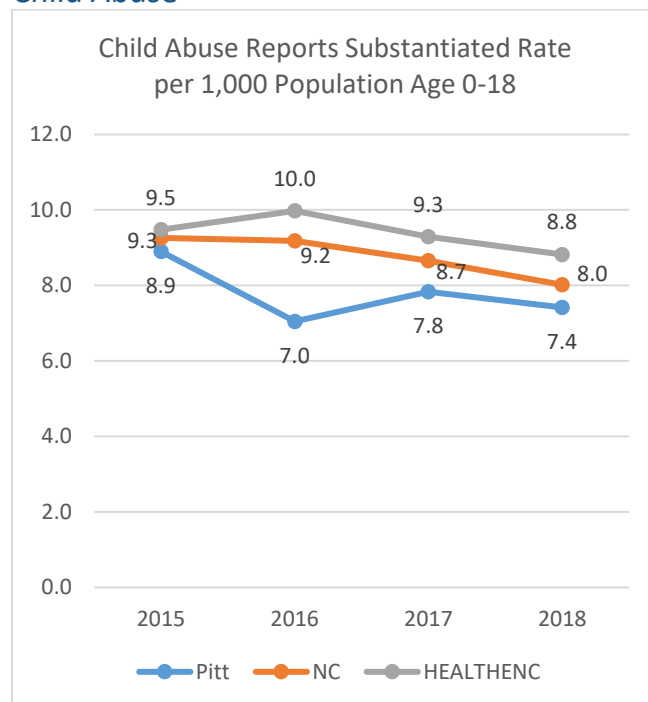


Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

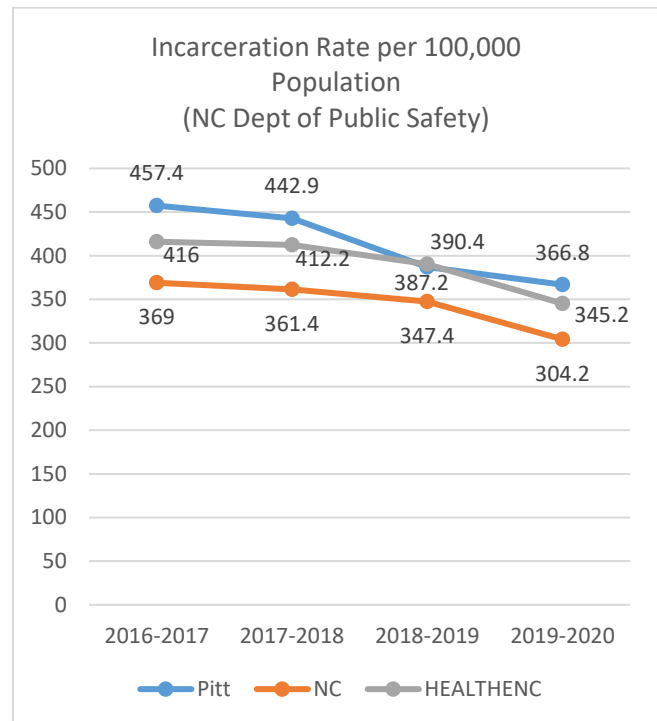
The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be or have run away from home for more than 24 hours.

- In 2020, the juvenile undisciplined rate in Pitt County (0.49) was lower than the rate in North Carolina (0.97) and the Health ENC region (0.78)
- In 2020, the juvenile delinquent rate for Pitt County was higher (29.2) than N.C. (18.1) and the Health ENC region (21.4)

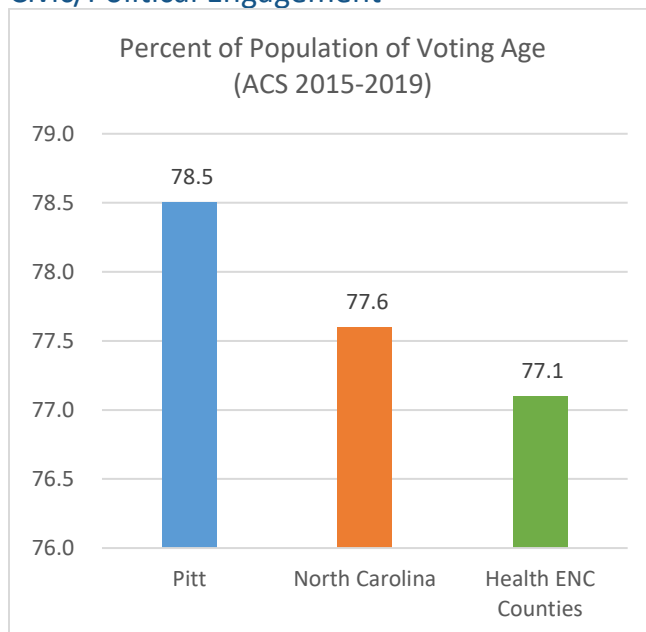
Child Abuse



Incarceration



Civic/Political Engagement



Analysis of Socioeconomic Profile

In 2021, Pitt County shifted from a Tier One to a Tier Two economic ranking. The County's economic distress rank was #44 in 2021 as compared to #33 in 2020. While the County's population growth rank and unemployment rate rank improved, the county's median household income rank

declined.¹⁶ Pitt County's median household income (\$47,437) was lower than the median household income in North Carolina (\$54,602).

Pitt County has a higher rate of poverty than NC and the Health ENC region. Twenty-three (23.0%) of Pitt County's population lives below the poverty level, compared to 15.0% of the population in NC and 17.5% for the Health ENC region. Pitt County's most common racial or ethnic group living below the poverty level in Pitt County is Black, followed by White, and Hispanic. The rates of poverty among children, older adults, and disabled individuals living in Pitt County are all higher than the rates for NC.

Other factors demonstrating Pitt County's poverty status include housing problems and food insecurity. Twenty-one percent (21.0%) of households in Pitt County reported severe housing problems such as overcrowding, high housing costs, lack of a kitchen or lack of plumbing facilities, compared to 15.0% in NC and 16.1% in Health ENC Counties. Food insecurity is another common poverty factor. Pitt County's rate of children who participate in the Supplemental Nutrition Assistance Program (SNAP) federal assistance program is higher than NC's rate of participation.

On a more promising note, Pitt County's high school dropout rate was lower than the rate in NC and equal to the Health ENC region. Although Pitt County's high school suspension rate was much higher than both NC's rate and the Health ENC County Region rate, Pitt County's overall rate of high school suspensions has declined. In addition, Pitt County's percentage of residents aged 25 years or older with a high school degree or higher was higher than the state value and the Health ENC region. The percentage of residents with a Bachelor's degree or higher in Pitt County was higher compared to NC and the Health ENC County Region, demonstrating a positive indicator related to potential career opportunities impacting the rates of poverty.

Among Pitt County individuals, age 16 years and older, who are employed, the majority (82.5%) drive alone to work. Although there are public forms of transportation, as outlined in the ***Inventory of Resources*** section of this document, only 1.3% of Pitt County residents utilize public transportation to commute to work. Another a percentage (1.2%) walk to work.

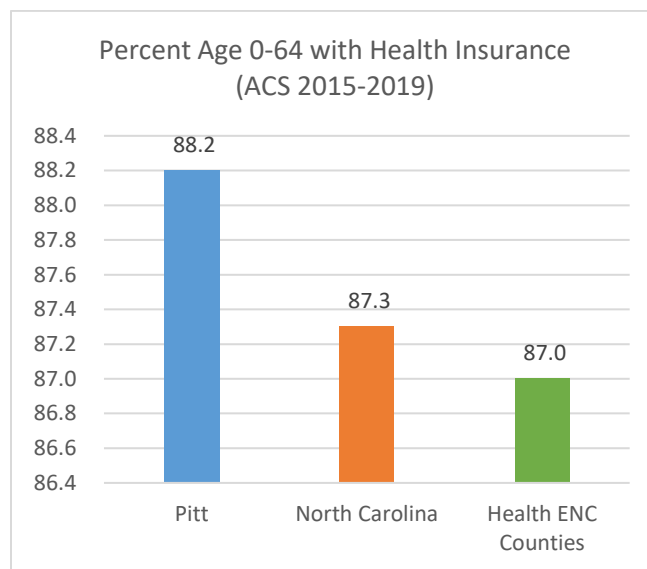
Violent crime and property crime negatively impact the community including rates of poverty and economic advancement for both adults and youth. Pitt County's violent crime rate decreased from 2016-2019 and during the same time period, the property crime rate in Pitt County also decreased and was lower than the NC rate. Although Pitt County's juvenile undisciplined rate was lower than the rate in NC and the Health ENC region in 2020, the juvenile delinquent rate for Pitt County was higher than NC's and the Health ENC region. In 2019-2020, the incarceration rate in Pitt County remained higher than NC and the Health ENC Region, but has continued to decline. In addition, the 2018 child abuse rate in Pitt County was lower than NC's rate and the Health ENC rate.

¹⁶ 2021 North Carolina Development Tier Designations [2021-Tiers-memo asPublished_113020.pdf\(nc.gov\)](#)

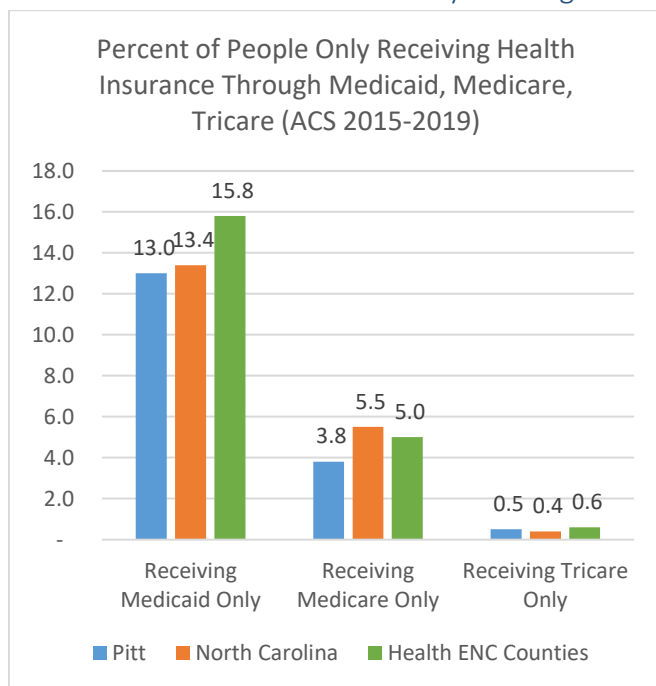
During 2015-2019, Pitt County had a higher percent of residents of voting age than North Carolina and the Health ENC Counties, who have the opportunity to become involved in the selection of political representatives, who can advocate for their rights and needs.

Chapter 4 Clinical Care Profile

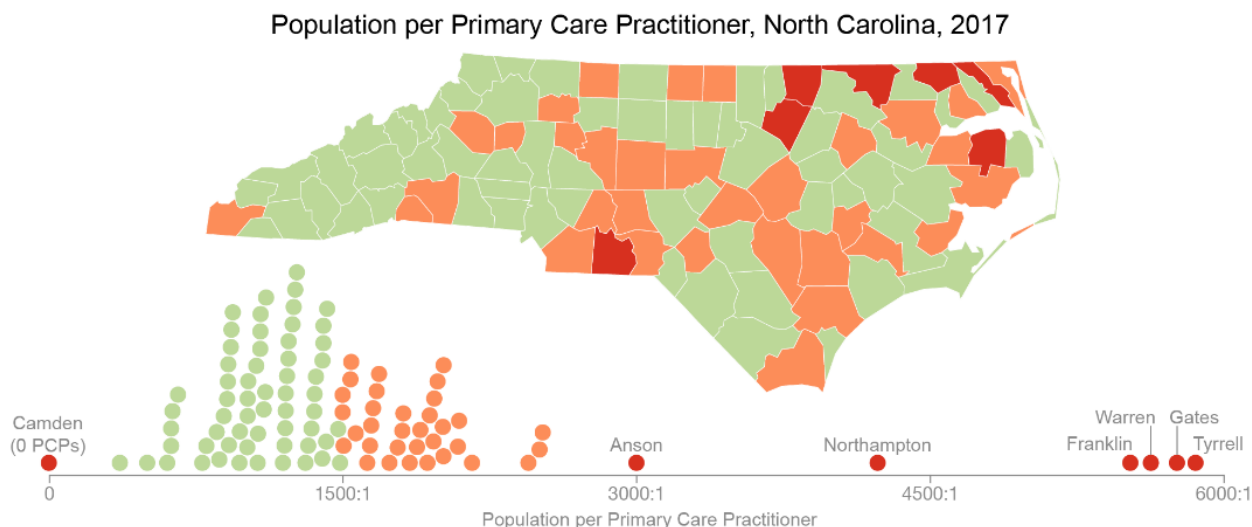
Health Insurance Coverage



Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare



Primary Care Practitioners



Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. North Carolina Medical Journal, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31, 2017. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management.

**SHEPS HEALTH
WORKFORCE NC**

Access to primary care is necessary to improving the health outcomes of communities. With the recent spread of the novel [coronavirus](#) in North Carolina, primary care is critical as an entry-point to further care.

Many rural areas of North Carolina lack adequate access to primary care providers. The disparities in access between rural and metropolitan areas have continued to grow despite an overall increase of physicians in NC.

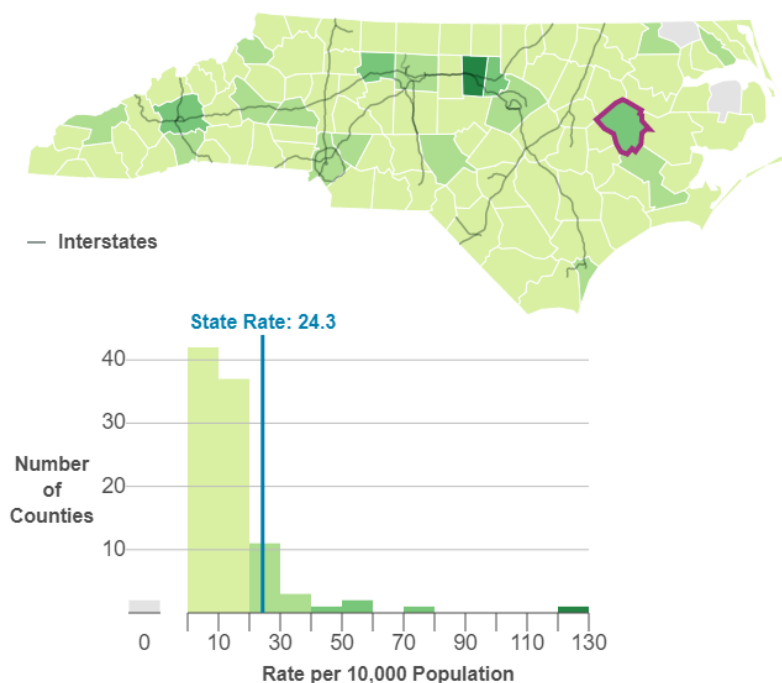
On the map above, green indicates Pitt County is meeting the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people.

Currently, **60% of NC's 100 counties meet the NCIOM's target**. Seven counties were substantially below target: Anson, Northampton, Franklin, Warren, Gates, Tyrrell and Camden. Camden has a population of just over 10,000, and no primary care providers.

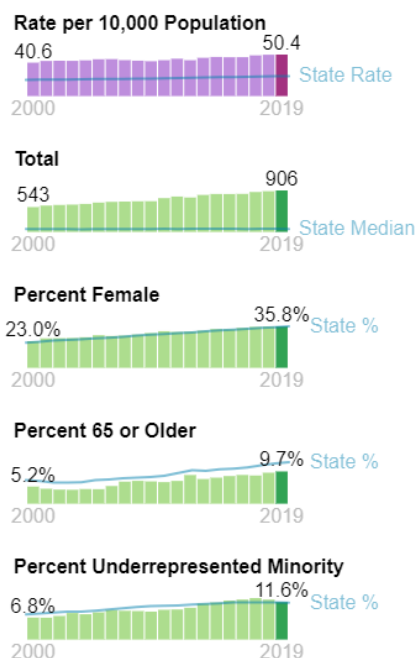
The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs).

https://nchealthworkforce.unc.edu/blog/primary_care_nc/

Physicians per 10,000 Population by County, North Carolina, 2019



Profession Demographics for Pitt County



**SHEPS HEALTH
WORKFORCE NC**

Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 29, 2021 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

The number of physicians per 10,000 population in Pitt County increased from 40.6 in 2000 to 50.4 physicians in 2019.

Source: North Carolina Health Professions Data System, [Program on Health Workforce Research and Policy](https://nchealthworkforce.unc.edu/interactive/supply/), Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 29, 2021 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

Analysis of Clinical Care Profile

The majority (88.2%) of Pitt County residents have health insurance. In 2015-2019, 13% of the Pitt County population who have health insurance, reported receiving health insurance coverage through Medicaid, 3.8% Medicare or 0.5% Tricare.

Pitt County is meeting the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people. In addition, between 2000 – 2019, there was an increase in the number of physicians per 10,000 population from 40.6 to 50.4. It appears that there is an adequate number of providers to care for Pitt County's population; however, community members, who provided feedback through the community opinion survey and through focus groups, voiced concern that it is often difficult to obtain an appointment in a timely manner. There was also concern regarding the long wait time that occurs while visiting their provider's office. The COVID-19 pandemic was

identified as one of the top reasons that prevented access to care during periods of isolation, quarantine, and social distancing. Transportation was also a concern for community members who reside in more rural areas of the County.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Pitt County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	311	172.07	1	Cancer	19,963	190.34	1	Heart Disease	4546	210.2
2	Cancer	284	157.13	2	Heart Disease	19,661	187.46	2	Cancer	4345	200.91
3	Cerebrovascular Disease	104	57.54	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1215	56.18
4	Other Unintentional Injuries	86	47.58	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1114	51.51
5	Diabetes Mellitus	59	32.64	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1006	46.52
6	Alzheimer's Disease	56	30.98	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Chronic Lower Respiratory Diseases	55	30.43	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Septicemia	29	16.04	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Chronic Liver Disease and Cirrhosis	23	12.73	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Nephritis Nephrotic Syndrome and Nephrosis	23	12.73	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

Notes: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in **2019**.

Deaths: North Carolina State Center for Health Statistics 2019 Vital Statistics Public Use Data Files, downloaded from the Odum Institute for Research in Social Science at UNC-Chapel Hill Dataverse web site, May 2021. Population: National Center for Health Statistics 2019 Bridged-Race Population Estimates (https://www.cdc.gov/nchs/nvss/bridged_race.htm). Analysis by ECU Department of Public Health, Health Systems Research and Development.

This table shows the leading causes of mortality in Pitt County, North Carolina, and Health ENC Counties in 2019.

The top two leading cause of death in all three geographies is heart diseases and cancer. Unintentional injuries and cerebrovascular diseases rank amongst the top 5 causes of death for all three locales, which indicates chronic disease as an area of concern for Pitt County and the state as a whole. Diabetes ranks higher as a leading cause of death in Pitt County than in both North Carolina and the Health ENC region, while chronic lower respiratory diseases ranks lower in Pitt County than in the other two locales.

Leading Causes of Injury Death

Leading Causes of Injury Death 2016 to 2019 PITT			Leading Causes of Injury Hospitalization 2016 to 2019 PITT			Leading Causes of Injury ED Visits 2016 to 2019 PITT		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	153	1	Fall - Unintentional	1,486	1	Fall - Unintentional	14,555
2	Fall - Unintentional	90	2	MVT - Unintentional	498	2	MVT - Unintentional	10,324
3	MVT - Unintentional	80	3	Poisoning - Unintentional	430	3	Unspecified - Unintentional	8,754
4	Firearm - Self-Inflicted	42	4	Poisoning - Self-Inflicted	283	4	Struck By/Against - Unintentional	5,579
5	Firearm - Assault	34	5	Unspecified - Unintentional	106	5	Natural/Environmental - Unintentional	2,714
TOTAL		517	TOTAL		3,356	TOTAL		58,477

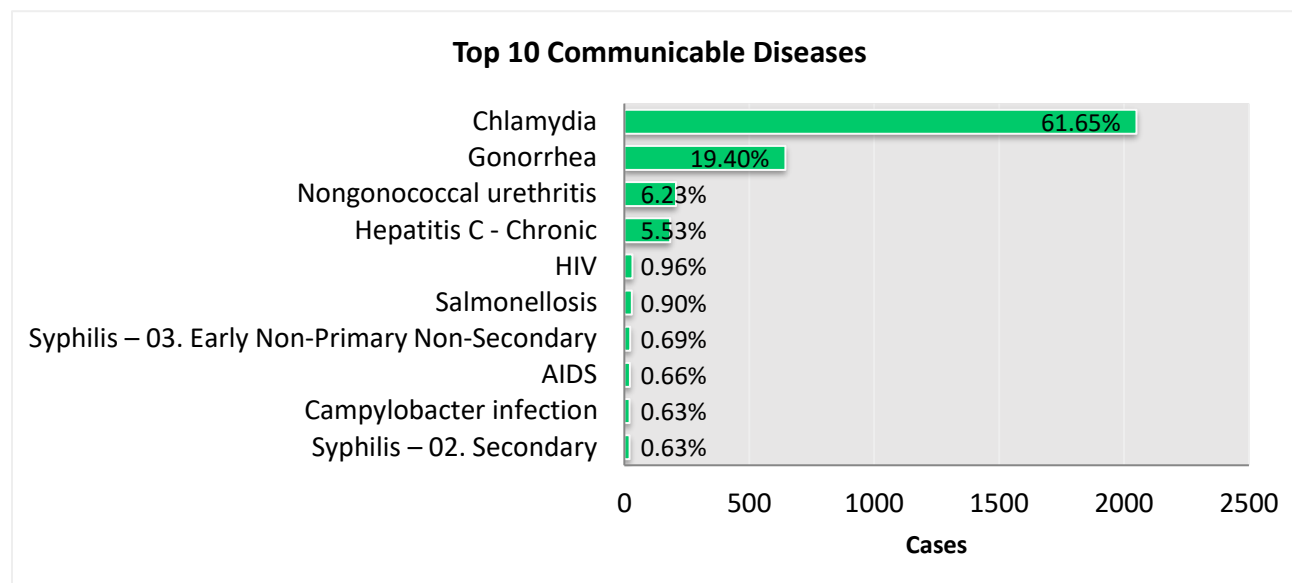
Leading Causes of Hospitalizations

Leading Causes of Injury Death 2016 to 2019 PITT			Leading Causes of Injury Hospitalization 2016 to 2019 PITT			Leading Causes of Injury ED Visits 2016 to 2019 PITT		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	153	1	Fall - Unintentional	1,486	1	Fall - Unintentional	14,555
2	Fall - Unintentional	90	2	MVT - Unintentional	498	2	MVT - Unintentional	10,324
3	MVT - Unintentional	80	3	Poisoning - Unintentional	430	3	Unspecified - Unintentional	8,754
4	Firearm - Self-Inflicted	42	4	Poisoning - Self-Inflicted	283	4	Struck By/Against - Unintentional	5,579
5	Firearm - Assault	34	5	Unspecified - Unintentional	106	5	Natural/Environmental - Unintentional	2,714
TOTAL		517	TOTAL		3,356	TOTAL		58,477

Leading Causes of Emergency Department Visits

Leading Causes of Injury Death 2016 to 2019 PITT			Leading Causes of Injury Hospitalization 2016 to 2019 PITT			Leading Causes of Injury ED Visits 2016 to 2019 PITT		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	153	1	Fall - Unintentional	1,486	1	Fall - Unintentional	14,555
2	Fall - Unintentional	90	2	MVT - Unintentional	498	2	MVT - Unintentional	10,324
3	MVT - Unintentional	80	3	Poisoning - Unintentional	430	3	Unspecified - Unintentional	8,754
4	Firearm - Self-Inflicted	42	4	Poisoning - Self-Inflicted	283	4	Struck By/Against - Unintentional	5,579
5	Firearm - Assault	34	5	Unspecified - Unintentional	106	5	Natural/Environmental - Unintentional	2,714
TOTAL		517	TOTAL		3,356	TOTAL		58,477

Top Ten Reportable Communicable Diseases



Note: To view and compare communicable disease rates in your county with NC State-wide rates, reported number of cases, etc., view the custom dashboard <https://NCD3NorthCarolinaDiseaseDataDashboard>

Preventing and controlling the spread of communicable diseases are a top concern among communities.

The top communicable diseases as reported by NC DHHS in Pitt County in 2018 are shown above.

Chlamydia ranked highest among percent of cases reported. Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system.

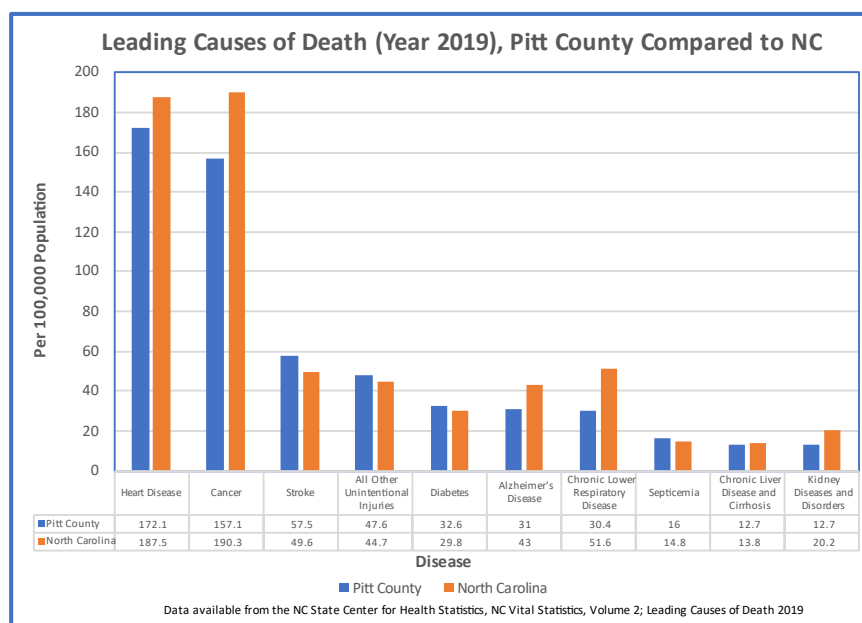
Analysis of Chronic and Communicable Disease Profile

Pitt County's Chronic Disease Profile

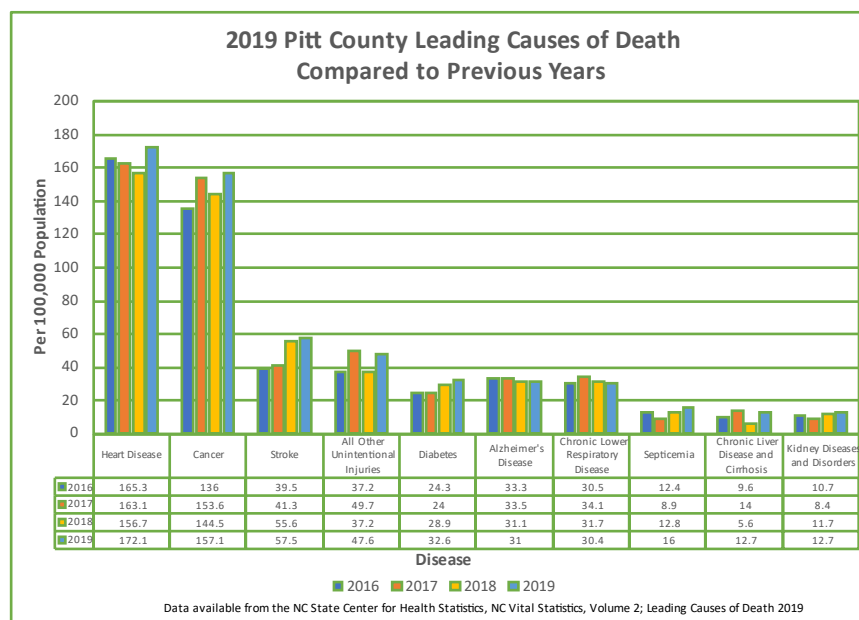
According to the NC State Center for Health Statistics, Heart Disease has remained Pitt County's leading cause of death for the past four consecutive years. Despite a decline in the rate in 2018 to 156.7 / 100,000 population, Pitt County's Heart Disease rate increased to 172.1 / 100,000 population in 2019. Cancer continued as the second leading cause of death, climbing from 144.5 / 100,000 in 2018 to 157.1 / 100,000 in 2019. Stroke remained as the third leading cause of death, rising to a rate of 57.5 / 100,000 and demonstrating a steady increase in the rate over the past several years. All other Unintentional Injuries ranked fourth, rising from 37.2 / 100,000 in 2018 to 47.6 / 100,000 in 2019. Diabetes, which held the 7th ranking for Pitt County's leading causes of death for the past few years, rose to the 5th ranking, reflecting a rate increase to 32.6 / 100,000 in 2019 as compared to 28.9 in 2018. Alzheimer's Disease remained as the sixth leading cause of death, trending downward over the past four years, and decreasing very slightly from 31.1 / 100,000 population in 2018 to 31.0 / 100,000 in 2019. Chronic Lower Respiratory Disease moved

from the fifth rank in 2018 to the seventh leading cause of death in 2019, decreasing from 31.7 / 100,000 in 2018 to 30.4 / 100,000 in 2019. Septicemia remained as the 8th leading cause of death, despite rising from 12.8 / 100,000 in 2018 to 16.0 / 100,000 in 2019. Chronic Liver Disease and Cirrhosis moved into the top ten leading causes of death reflecting a rate of 12.7 / 100,000 in 2019 as compared to a rate of 5.6 / 100,000 in 2018. Kidney Diseases (Nephritis, Nephrotic Syndrome and Nephrosis) also reflected a rate of 12.7 / 100,000 in 2019, an increase from 11.7 / 100,000 in 2018, an increase from years 2016 and 2017.¹⁷

Although in 2019, Pitt County experienced increases in the rates for Heart Disease, Cancer, Stroke, All Other Unintentional Injuries, Diabetes, Septicemia, Chronic Liver Diseases / Cirrhosis and Kidney Diseases/ Disorders, Pitt County ranked lower than North Carolina for six (6) of the leading causes of death. These include Heart Disease, Cancer, Alzheimer's Disease, Chronic Lower Respiratory Disease, Chronic Liver Disease / Cirrhosis, and Kidney Diseases, and Disorders.



¹⁷ NCDHHS Division of Public Health, [NC SCHS: Statistics and Reports: Vital Statistics: Volume 2, Leading Causes of Death - 2019 \(ncdhhs.gov\)](https://www.ncdhhs.gov/reports/vital-statistics/volume-2-leading-causes-of-death-2019)



Morbidity Leading to Emergency Department Visits and Hospitalizations

Vidant Medical Center
Top Diagnosis of Patients Hospitalized after ED Visit
Pitt County Residents Only
Year 2020 and Year 2021 through September 2021
Source: *Vidant Health Business Planning and Strategy*

Year 2020	Year 2021 through September 2021
Sepsis, unspecified organism (n = 643)	COVID 19 (n = 617)
Kidney Disease with Heart Failure (n = 417)	Sepsis, unspecified organism (n = 420)
COVID 19 (n = 381)	Chronic Kidney Disease with Heart Failure (n = 332)
Hypertensive Heart Disease with Heart Failure (n = 259)	Hypertensive Heart Disease with Heart Failure (n = 201)
Chronic Obstructive Pulmonary Disease (n = 200)	Other Specified Sepsis (n = 134)

Vidant Medical Center
Top Inpatient Diagnosis
Pitt County Residents Only
Year 2020 and Year 2021 through September 2021
Source: *Vidant Health Business Planning and Strategy*

Year 2020	Year 2021 through September 2021
Single liveborn infant, delivered vaginally (n = 1,309)	Single liveborn infant, delivered vaginally (n = 943)
Sepsis, unspecified organism (n = 664)	COVID 19 (n = 608)
Single liveborn infant, delivered by Cesarean (n = 573)	Single liveborn, delivered by Cesarean (n = 495)
Chronic Kidney Disease with Heart Failure (n = 464)	Sepsis, unspecified organism (n = 429)
COVID 19 (n = 382)	Chronic Kidney Disease with Heart Failure (n = 366)

According to the Centers for Disease Control and Prevention (CDC), conditions such as high blood pressure, high cholesterol, smoking/secondhand smoke, obesity, unhealthy diet, and physical inactivity all contribute to the leading chronic diseases and conditions. They also lead to poor quality of life, hospitalization, and death.¹⁸ During the COVID 19 pandemic, these conditions worsened as many individuals did not seek medical care and lifestyles were impacted by the stress of job loss and isolation and quarantine mandates.¹⁹ In addition to the secondary data demonstrating the need to focus on chronic disease prevention, the primary data also reflected the need to address unhealthy lifestyles which contribute to these diseases. The need to focus on mental health issues as they relate to chronic illness was also apparent. The BOH, VMC and PPH have all adopted NC Healthy 2030 indicators that align with chronic disease prevention and control and mental/behavioral health.

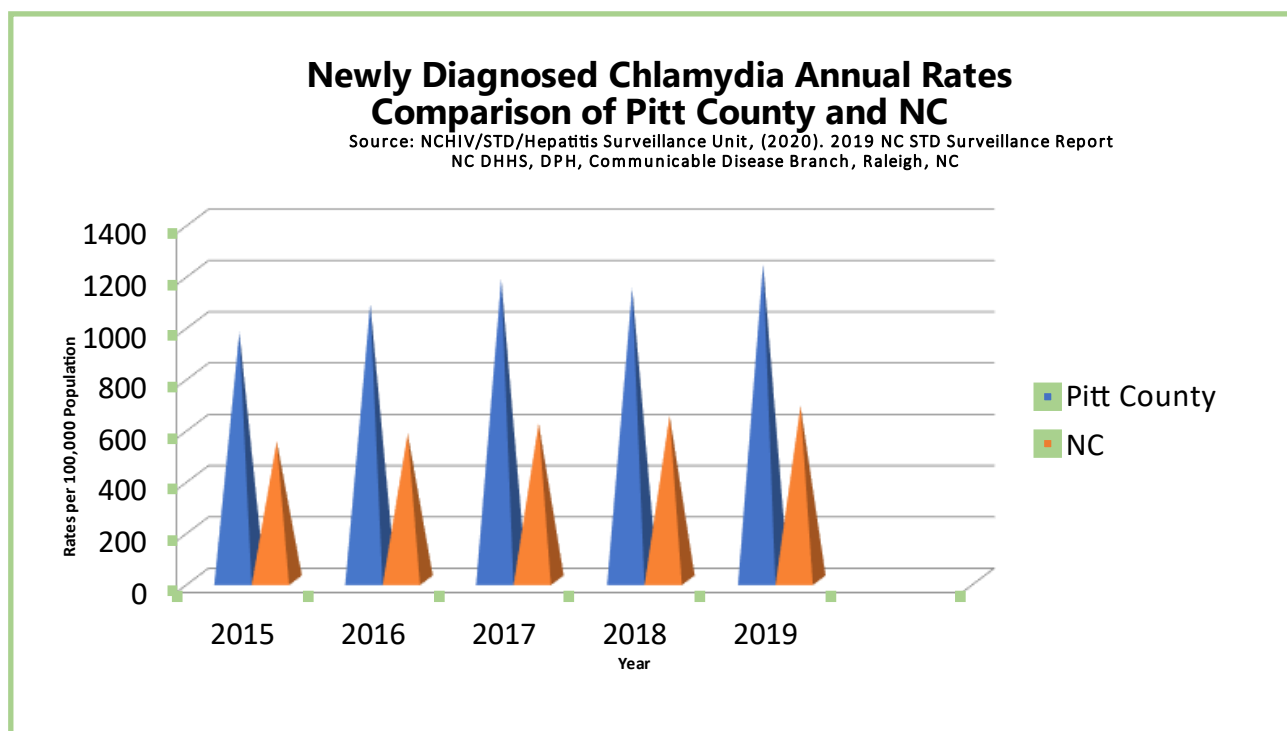
Pitt County's Communicable Disease Profile

According to the 2019 NC HIV/STD/Hepatitis Surveillance Report, Chlamydia is the most frequently reported bacterial STD both nationally and in North Carolina. A higher number of cases are reported among women and most often among women between the ages of 20-24 years, followed by ages 15-19 years and ages 25-29 years. In 2019, Black / African women and men had the highest Chlamydia rates. North Carolina's Chlamydia diagnoses increased by 20% in women and by 61% in men in 2019. The increase among men may be due to increased screenings among this population. Although North Carolina experienced a 31% increase in the number of newly diagnosed Chlamydia cases between 2015 -2019 and a 25.4% increase in annual Chlamydia rates during the same

¹⁸ Centers for Disease Control and Prevention, [COVID-19 and Chronic Disease: The Impact Now and in the Future \(cdc.gov\)](https://www.cdc.gov/media/releases/2020/s0916-covid-19-and-chronic-disease.html)

¹⁹ Centers for Disease Control and Prevention, [COVID-19 and Chronic Disease: The Impact Now and in the Future \(cdc.gov\)](https://www.cdc.gov/media/releases/2020/s0916-covid-19-and-chronic-disease.html)

reporting period, Pitt County's Chlamydia rate was still 81.4% higher than North Carolina's rate in 2019. Pitt County experienced a 31% increase in the annual number of newly diagnosed Chlamydia cases from 2015-2019 (1,703 cases to 2,229 cases). Expressed in rates per 100,000 population, this represents a 27.5% increase in new case rates (967.2 / 100,000 in 2015 to 1233.2 / 100,000 in 2019).²⁰



Despite the alarming high rate of Chlamydia in Pitt County, the primary data from both the community opinion survey and the focus groups did not rank sexually transmitted diseases as an emergent issue. The BOH, VMC, PPH members did not select sexually transmitted infections as one of the top three CHNA health priorities for the next three years. However, Pitt County Health Department is continuing to address this issue through routine clinical treatment, education, and patient counseling, as well as community education and outreach, all which are based upon evidence-based practice. The Health Department is also maintaining, along with PiCASO (Pitt County AIDS Service Organization), condom distribution sites and the addition of new sites throughout the community.

²⁰ NCHIV/STD/Hepatitis Surveillance Unit, (2020). 2019 NC STD Surveillance Report NC DHHS, DPH, Communicable Branch, Raleigh, NC.
<https://epi.publichealth.nc.gov/cd/stds/figures.html>

Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Pitt	NC
Health Outcomes		
Premature Deaths	7900	7600
Low Birthweight	10%	9%
Health Factors		
Health Behaviors		
Adult Smoking	20%	18%
Adult Obesity	39%	32%
Sexual Transmitted infections	1142.70	647.80
Teen Births	17	22
Clinical Care		
Primary Care Physicians	910 to 1	1400 to 1
Dentists	1070 to 1%	1720 to 1
Mental Health providers	270 to 1%	390 to 1
Preventable hospital stays	5475	4539
Mammography Screening	48%	46%
Flu Vaccinations	53%	52%
Social & Economic Factors		
High School Completion	89%	88%
Some College	72.00%	67.00%
Income inequality	5.6	4.7
Children in single parent households	38.00%	28.00%
Violent crime	414	351.0
Injury deaths	71	77
Physical Environment		
Air Pollution - particulate matter	6.9	8.5
Severe Housing problems	21%	15%
Areas to Explore	Areas of Strength	

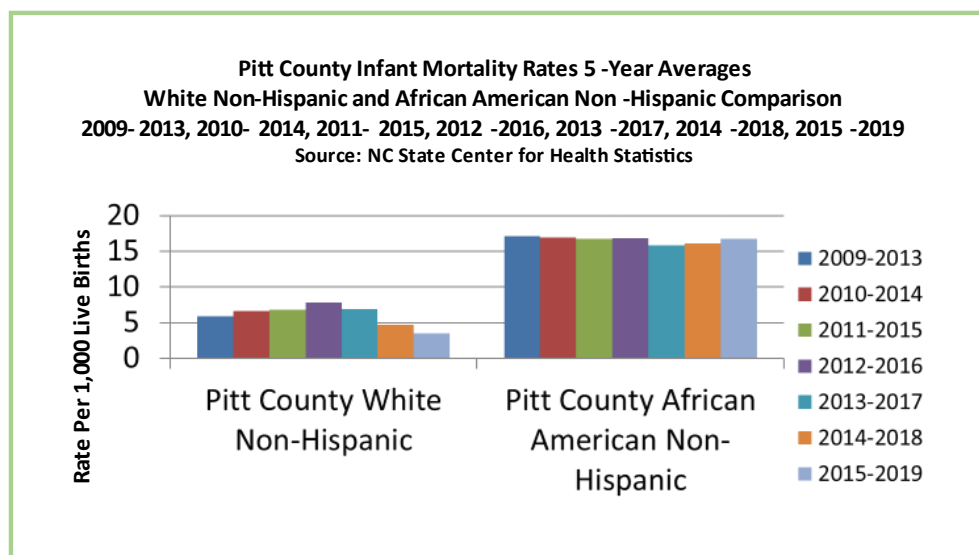
Source: County Health Rankings
<https://www.countyhealthrankings.org/>

Infant Mortality

Pitt County has a long history of working collaboratively through the Pitt Infant Mortality Prevention Advisory Council (PIMPAC) to improve birth outcomes, as the County's infant mortality rate continues to be higher than the State's rate.

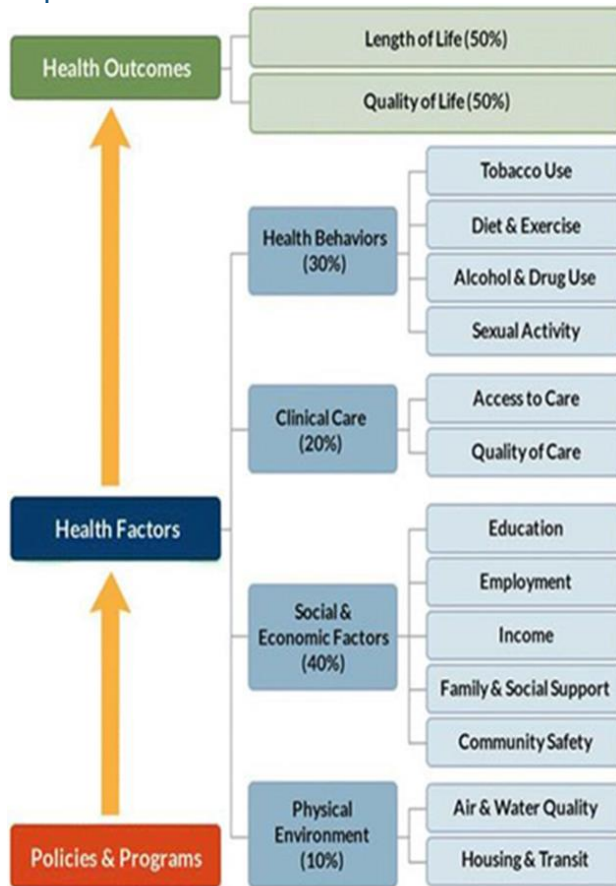


In 2019, Pitt County's total infant death rate increased dramatically to 11.5 / 1,000 live births. The previous year's (2018) total infant mortality death rate was 6.7 / 1,000 live births compared to 8.8 / 1,000 live births in 2017. Pitt County's 2019 total infant death rate was almost double that of North Carolina's total infant death rate of 6.8 / 1,000 live births. There continues to be a significant disparity between White Non-Hispanic and African American Non-Hispanic infant deaths. Between 2015 – 2019, Pitt County's disparity ratio between White Non-Hispanic and African American Non-Hispanic was 4.77 based on 5-year averages. Premature births, low weight births and birth defects continue to be the leading causes of infant mortality in Pitt County. Numerous evidence-based programs designed to help improve birth outcomes and prevent infant mortality have attempted to address this issue in past years; however, more work needs to be done to improve this indicator. The BOH selected infant mortality prevention as a top priority for the next three years, as this issue is a strong indicator of the overall health of our community.



Chapter 7 County Health Ranking Indicators

Population Health Model

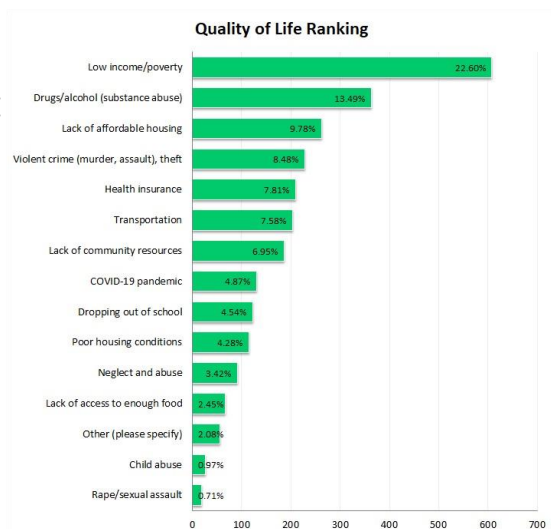


Chapter 8 Survey Findings and Focus Groups Feedback

Community Survey Results: Pitt County

Top 3 Quality of Life Issues identified in community survey

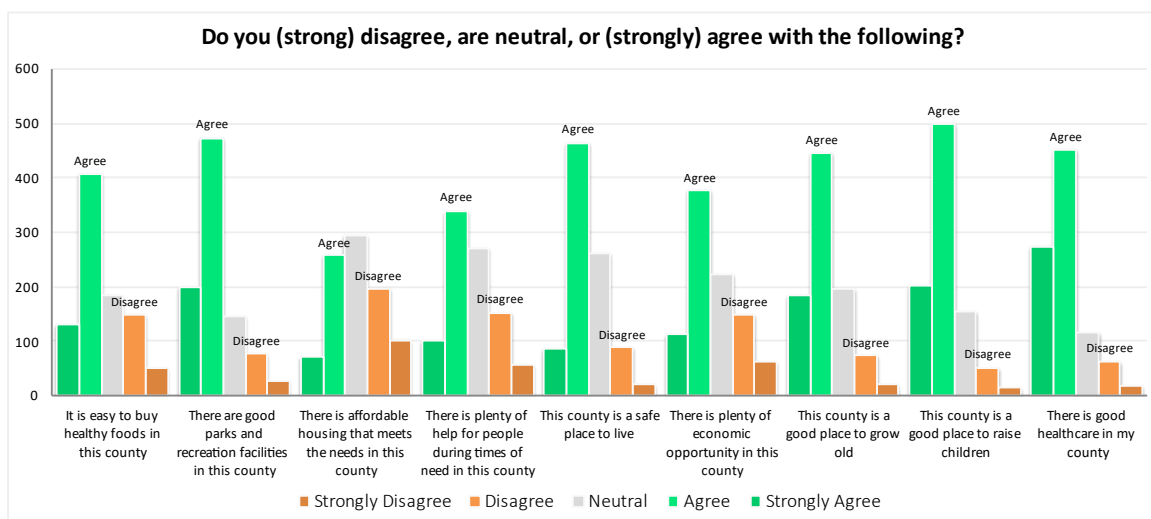
- 22.60% (608) responded Low income/Poverty
- 13.49% (363) responded Drugs/Alcohol (substance abuse) and,
- 9.78% (263) responded Lack of Affordable Housing



To see the results to all community survey questions, please click below and select your county;
https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountyMap

2

Community Survey Results: Pitt County



Number of respondents included in surveys = 922

To see the results to all community survey questions, please click below and select your county;
https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountyMap

3

Community Focus Groups Feedback:

The focus group questions, and the main themes derived from these questions, include the following:

Question #1: In your opinion, what are some of the serious health related problems in your community? Themes: COVID 19, chronic diseases (diabetes, hypertension, heart disease), cost of medical care, mental health needs, asthma, unhealthy rental homes (disrepair, mold, rodents, smoking), and transportation. **Causes of these problems:** access to resources, unhealthy lifestyles, bad personal choices, not getting vaccinated

Question #2: What keeps people in your community from being healthy (Barriers/Challenges)?

Themes: getting to appointments, being a working parent / no parental support, children not well supervised, sedentary lifestyle, system distrust; distrust of healthcare providers, food deserts, lack of sidewalks, too much access to prepared food.

Question #3: In your opinion, what do most people die from in your community? Themes: COVID, cancer, heart attacks, lung cancer, diabetes, loneliness, suicide / drug overdose, car crashes, kidney disease, poor lifestyle choices (not eating healthy; weight).

Question #4: What could be done to solve these problems? Themes: accessibility to healthy activities (transportation to parks, more sidewalks), community awareness of problems and how to address them, reduce cost of healthy food, better follow-up by providers after hospital discharge, address poverty / Social Determinants of Health. **Part 2: How can the community be healthier?** food trucks that make healthy food more available, access to safe places to exercise (bike lanes, parks, etc.), improve collaboration among agencies, easier access to health care (community paramedics, community screenings), transportation

Question #5: Is there any group not receiving enough health care? Senior citizens, children / adolescents, uninsured / low socioeconomic status (SES), homebound, Latinos, Blacks. Why? difficult to access resources, NC did not expand Medicaid, people don't get well visits, cost of nursing home care; nursing homes too expensive.

Question #6: How do people in this community get information about health? Direct mail, social media / internet, word of mouth, family, friends, co-workers, churches, flyers; billboards; newspapers, tv/news

Question #7: What major environmental issues exist in your county? Climate change, highways / traffic (rural; spread out; makes it hard to access), flooding, poor air quality; multi-family housing (allergens, mold, mildew, etc.)

Question #8: If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?

Mobile health clinics; Immunization clinics onsite at schools, satellite clinics in outlying and hard to reach communities, more mental health support and resource access, health coaches, sidewalks, food trucks with healthy food; mobile fresh food stands, transportation (to services and healthy food/activities), Alzheimer's care and research.

Chapter 9 Inventory of Resources

Pitt County's Resources

Health Care Resources

Pitt County residents rely on a number of healthcare resources to meet the health needs of the community. These resources include East Carolina University, Pitt County Health Department, James D. Bernstein Community Health Center, private practice physicians and dentists and Vidant Medical Center.

Vidant Medical Center (VMC) is the largest not-for-profit, hospital in a predominantly rural region, serving over 1.4 million people throughout a 29-counties in eastern North Carolina. The Hospital's mission is to improve the health and well-being of eastern North Carolina. VMC has more than 900 licensed beds and is located adjacent to the East Carolina University (ECU) health sciences campus that includes the Brody School of Medicine (BSOM) and Colleges of Allied Health Sciences and Nursing. It is a Level One Trauma Center that is accredited by the Joint Commission on Healthcare Organizations (JCAHO) and is part of the larger Vidant Health system that also includes eight community hospitals, Vidant Medical Group (primary and specialty practices), Vidant Home Health and Hospice, Vidant Wellness Centers, and the Vidant Health Foundation.²¹

VMC is a tertiary care referral center and offers the following specialized services:

- East Carolina Endoscopy Center
- East Carolina Heart Institute
- James and Connie Maynard Children's Hospital
- Children's Emergency Department
- Vidant Cancer Care
- Vidant EastCare – air and ground transport
- Vidant Radiation Oncology
- Vidant SurgiCenter – outpatient surgery
- Level I trauma center
- Comprehensive Stroke Center
- Bariatric surgery

²¹ Source: Vidant Medical Center Community Health Programs Senior Administrator, Catherine Nelson

- Gamma Knife® and CyberKnife® radiosurgery

- Kidney and pancreas transplant surgery

- Neurosurgery

- Rehabilitation

- Robotic surgery

Access East: Access East is a not-for-profit corporation with partnerships between healthcare organizations devoted to coordinating access to quality care for our region's most vulnerable, including the chronically ill, the indigent, the underinsured and the uninsured, with the express goal of improving patient health outcomes and controlling healthcare costs. Access East's principle service lines are:

- Access East Care Management
- Health Assist
- ACA Navigators

In 1995, when Vidant Medical Center was an independent public hospital, executive and board leadership declared a new and significant commitment to community health. Moving outside the traditional boundaries of an acute care hospital, dedicated resources were charged with establishing partnerships, identifying health needs and initiating new programs to improve health status. The unique, innovative and targeted programs have reached thousands of individuals in a myriad of ways that would not have otherwise been possible. Combined with programs funded by hospital operations, programs supported through joint grant applications to major governmental and philanthropic agencies and other collaborative initiatives, Vidant Medical Center has demonstrated leadership in addressing health status in Pitt County and the region.

Vidant Medical Center has longstanding initiatives that have enabled a head start on many of the community health improvement strategies encouraged by health care reform. The scope of services provided by the medical center's Community Health Programs department include primary, secondary and tertiary prevention initiatives for the pediatric, adult and older adult population. The following are part of the Community Health Programs department:

VMC: Community Health Improvement: Vidant Medical Center coordinates collaborative programming with Vidant Medical Center internal departments and services and external community partners to align with the most recent Community Health Needs Assessment health priorities selected by Vidant Medical Center.

- ❖ Access to Care
- ❖ Healthy Lifestyles
- ❖ Mental Health

VMC: Eastern Carolina Injury Prevention Program: Established in 1995 as a joint effort between the Vidant Health Trauma Center and the Brody School of Medicine at East Carolina University Department of Emergency Medicine. The goal of this program is to improve the health of area citizens by reducing the incidence and impact of injuries. Services include:

- ❖ Bike and Pedestrian Safety
- ❖ Falls and Fire Prevention
- ❖ Firearm Injury Prevention/Safe Storage
- ❖ Heatstroke Prevention
- ❖ Home and Medication Safety
- ❖ Mental Health Awareness
- ❖ Occupant Protection
- ❖ Seasonal and Sports Safety
- ❖ Suicide Prevention Program
- ❖ Teen Safe Driving (GHSP)
- ❖ Traffic Safety
- ❖ Toy and Water Safety

VMC: School Health Program: Vidant Medical Center's School Health Program nurses (20) serve students pre-K through 12th grade in Pitt County Schools. These registered nurses work in the schools to help students, parents, and teachers manage these problems and improve student health and academic performance.

VMC: Pediatric Asthma Program: Provides free case management and educational services to children, up to age 18, who have asthma.

- ❖ Education – Learn how to manage asthma and prevent problems that can occur.
- ❖ Tools – Learn what information and equipment is needed to treat asthma at different ages.
- ❖ Resources – Learn about local support in your community for asthma awareness.

VMC: Pitt Partners for Health (PPH): Established in 1995 as a community health partnership with representatives from local churches, businesses, communities, and health and social support organizations. These representatives are dedicated to improving the health of Pitt County residents through assessment, resource identification and development, citizen advocacy, comprehensive planning and coordination of health improvement and prevention strategies.

VMC: Senior Services: Assists community members who are 55 or older lead healthier, more independent lives. Services include:

- Health and social support education pertinent to the unique needs of seniors
- Chronic disease screening and referral

-Weekly GoldPath Senior's Program (Thursdays at 10:30 am)

-Medicare counseling and Part D enrollment

- ❖ Advance care planning support
- ❖ Chronic disease screening/follow- up, and education
- ❖ Dementia Friendly Pilot at VMC
- ❖ Falls Prevention
- ❖ Medicare Part D counseling
- ❖ GoldPath Senior's program
- ❖ Support groups

In addition to these established programs, Vidant Medical Center sponsors or partners in multiple offerings to provide health screenings and education for a variety of chronic medical conditions including hypertension, diabetes, heart disease, and cancer.

The Vidant Health Foundation's Community Benefits and Health Initiatives Grants Program was established in 1998. The goals of the grants program are to provide financial and technical support to organizations for programs that promote chronic disease prevention and management, early detection of chronic illnesses, health education, and direct health care services.

Pitt County Health Department: Pitt County Health Department is one of 85 local health departments in North Carolina. Its mission is to protect, promote and assure the health of the people in Pitt County. The health department is responsible for assessing the health of the community by monitoring health status and diagnosing and investigating health problems and health hazards in the community; assuring that needed health services are available in the community; enforcing laws and regulations that protect health and ensure safety; and advocating for policies that support the health of the public. The health department operates a variety of preventive health services in the area of women's and children's health and communicable disease control. Clinic services are available for maternal health, family planning, WIC (Women's, Infants and Children), immunizations, STDs and other communicable diseases. Case management and coordination services are available to support women and children such as childcare coordination for children, pregnancy care management, Family Nurse Partnership, childbirth education, breastfeeding promotion and childcare health consultation. Environmental health services include: food, lodging, institutional and public swimming pool inspections; on-site sewage disposal program, private drinking water program, mosquito management; migrant camp inspections; and investigation of lead poisoning.²²

East Carolina University: East Carolina University (ECU) is known for preparing skilled health professionals. These individuals work in collaboration with private health care professionals and community leaders to meet the needs of the communities they serve. ECU prides itself in the

²² Pitt County Government, Public Health Services, <https://www.pittcountync.gov/352/Services>

colleges and schools (Brody School of Medicine, College of Allied Health Sciences, College of Health and Human Performance, College of Nursing, School of Dental Medicine) located just steps from Vidant Medical Center. ECU prepares students for careers in Medicine, Nursing, Biostatistics, Health Services and Information Management, Occupational Therapy, Physical Therapy, Rehabilitation, Public Health and Dental Medicine. Patient care is provided through ECU Physicians, Leo W. Jenkins Cancer Center, Student Health Services, located conveniently at the ECU main campus, and Vidant Medical Center. Research opportunities are also available in areas of Neuroscience, Robotic Surgery, Pulmonary-Critical Care and Sleep, Pediatric Healthy Weight, Microbiology and Immunology and Cardiovascular Sciences, just to mention a few. All of these available resources are also beneficial in providing a teaching and learning environment which is essential for improving the quality of care of the people in Pitt County.²³

Brody School of Medicine: Brody School of Medicine at East Carolina University provides health care resources to serve the many insured, uninsured and underinsured individuals living in Pitt County as well as in neighboring communities throughout eastern North Carolina. Patient care is provided through a vast array of clinical disciplines ranging from primary care services to other medical specialties, along with various other wellness programs and services.²⁴

ECU School of Dental Medicine: The Dental School, located in Greenville, offers comprehensive dental services for children and adults. In addition, advanced care services such as root canals are also available. Emergency care is available during normal business hours and after hours for established patients. Patients who are not patients of record with emergency needs are scheduled during normal business hours. In the spring of 2015, orthodontic services were added. Currently, new patients are being placed on a wait list for all services. A series of three visits occurs before any dental work is performed. There are no income requirements to utilize the services. Dental insurance is accepted. Fees for services are generally less than most private offices average; however, multiple visits may be required to assess and treat dental issues as this is a training program.²⁵

Pitt County dentists who accept Medicaid and/or Health Choice: Fifteen (15) private practice dentists accept Medicaid but as of March 2022, ten (10) were not accepting new patients. Ten (10) private practice dentists accept NC Health Choice, but as of March 2022, six (6) were not accepting new patients. The majority of dentists are located in Greenville. One (1) provider is located in Ayden; two (2) in Farmville. In addition to these private providers, the ECU School of Dental Medicine, the James D. Bernstein Community Health Center and the Pitt County Health Department Smile Safari clinic accept both Medicaid and Health Choice.²⁶

²³ East Carolina University, Division of Health Sciences-2022, [Health Sciences | Information | ECU](#)

²⁴ East Carolina University, Brody School of Medicine: [Home | Brody School of Medicine | ECU](#)

²⁵ ECU School of Dental Medicine, [Home | School of Dental Medicine | ECU](#)

²⁶ Medicaid and Health Choice Dental Providers-2022, [Medicaid and Health Choice Dental Providers | NC Medicaid \(ncdhhs.gov\)](#)

Mobile Dental Services for Children: Pitt County Health Department manages a mobile dental clinic, Smile Safari, to ensure that the dental needs of the uninsured or underinsured children are met. The clinic rotates throughout the Pitt County School system during the school year and is located at the Boys and Girls Club or at Pitt County Health Department in Pitt County during the summer months.²⁷

Urgent Care Facilities: As of March 2022, five (5) urgent care centers are located in Pitt County. All centers were located in the City of Greenville.²⁸

Federally Qualified Health Centers/Community Health Centers: The James D. Bernstein Community Health Center located in north Greenville is a federally qualified health center operated by Greene County Health Care, Inc. The center provides medical and dental care to adults and children with minimal or no insurance on a sliding fee scale. An on-site pharmacy is also available offering medicines at a reduced cost to the clients. Often the Bernstein Center has a waiting list for services. However, Greene County Health Care operates a number of other clinics in Greene County that are available to Pitt County residents. Pitt County residents also eligible to receive services on a sliding fee scale at the Kinston Community Health Center (252-522-9800) in Lenoir County and the Agape Community Health Center (252-940-0602) located in Beaufort and Martin counties.²⁹

Free Clinics: Four clinics are available in Pitt County. The Greenville Community Shelter Clinic is operated by medical students and physicians from the Brody School of Medicine at ECU. The Pitt County Care Clinic located at Pitt County Health Department and the Oakmont Baptist Church Free Clinic located in Greenville relies on volunteers from the health care community and other community members. The Bernstein Medical Center / Greene County Healthcare, located on Belvoir Hwy in Greenville, is also available.³⁰

Licensed Pharmacists in Pitt County: Pharmacies are located in six of the municipal towns within the county: two in Ayden; one in Bethel; three in Farmville; forty in Greenville; one in Simpson; and five in Winterville. There are four municipalities in Pitt County (Falkland, Fountain, Grifton, and Grimesland) without pharmacies.³¹

Providers of DME (Durable Medical Equipment): There is one in Ayden, one in Farmville, and nine in Greenville.³²

Emergency Medical Services: Pitt County has a diverse and extensive Emergency Medical Services (EMS) system that consists of private, non-profit emergency paramedic units, municipal and local government sponsored paramedic services, private for-profit non-emergency providers, and a hospital-based specialty care transport program. This multitude of providers works in coordination

²⁷ Pitt County Government, Public Health Clinical Services <https://www.pittcountync.gov/358/Clinical-Services>

²⁸ Verified by an online search and phone calls

²⁹ Phone calls to James D. Bernstein, Kinston Community Health Center and Agape Community Health Center, March 2022

³⁰ Freeclinics.com, [Pitt County NC Free Clinics](#) | [Free Clinics in Pitt County](#)

³¹ NC Board of Pharmacy, [License Verification](#) | [North Carolina Board of Pharmacy \(ncbop.org\)](#)

³² NC Board of Pharmacy, [License Verification](#) | [North Carolina Board of Pharmacy \(ncbop.org\)](#)

to meet the variable needs and demands of both municipal and rural communities throughout the county on a daily basis. Pitt County is resource-rich in terms of number of stations, types and amounts of equipment, and a highly skilled workforce. Pitt County has numerous Paramedic-level staff, Advanced EMT, and EMT staff and has numerous Advanced Life Support (ALS) vehicles, which provide the highest level of pre-hospital EMS care available in NC. EMS agencies in Pitt County include: Pitt County EMS, Ayden EMS, Bell Arthur EMS, Eastern Pines EMS, Falkland EMS, Farmville EMS, Fountain EMS, Grifton EMS, Winterville EMS and Greenville Fire-Rescue. Pitt County EMS also partners with Vidant Health to provide a Community Paramedic Program that serves patients who experience moderate to high readmission risk to Vidant hospitals due to unmanaged chronic or mental illnesses and dangerous health risk factors in areas of highest need within the County.³³

Renal Dialysis Centers: Fresenius Medical Care operates four (4) dialysis centers in Pitt County. Two (2) centers are located in Greenville, one (1) center is in Winterville, and one (1) center is located in Ayden.³⁴

Chiropractors: As of March 2022, there were 101 licensed chiropractors in Pitt County. The majority (71) were located in Greenville. However, there are twenty-three in Winterville, one (1) in Grimesland, two (2) in Grifton, and three (3) in Farmville. There are no licensed chiropractors on file in the northern portion of Pitt County.³⁵

North Carolina Health Professional Supply Data: Profession Demographics for Pitt County and North Carolina Per 10,000 population, year 2020:³⁶

Health Profession	Pitt County (Per 10,000 Population)	North Carolina (Per 10,000 population)
Certified Nurse Midwife	0.5	0.3
Certified Registered Nurse Anesthetist	5.30	2.64
Chiropractor	1.10	1.85
Clinical Nurse Specialist	0.28	0.07
Dental Hygienist	4.36	6.02
Dentist (all)	7.96	5.25
Licensed Practical Nurse	21.3	16.8
Nurse Practitioner	13.9	8.12
Occupational Therapist	6.02	3.71
Occupational Therapy Assistant	3.07	1.81
Optometrist	1.05	1.16

³³ Pitt County Emergency Management, <https://www.pittcountync.gov/182/Emergency-Management>

³⁴ Dialysis Finder, [Dialysis centers near Greenville, NC - Dialysis Finder](#)

³⁵ NC Board of Chiropractic Examiners, [Certified Chiropractic Assistant - NCBOCE \(cetrackerlive.com\)](#)

³⁶ North Carolina Health Professions Data System, [Program on Health Workforce Research and Policy](#), Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created March 30, 2022 at <https://nchealthworkforce.unc.edu/interactive/supply/>

Pharmacist	14.0	10.8
Physical Therapy Assistant	3.15	3.18
Physical Therapist	8.34	6.92
Physician (all)	50.4	24.3
Physician Assistant	8.23	6.59
Podiatrist	0.05	0.31
Psychological Associate	1.10	0.72
Psychologist	2.27	2.13
Registered Nurse	214	101
Respiratory Therapist	9.89	4.18

Long Term Care Services: There are six (6) licensed nursing homes in the county: one (1) in Ayden; one (1) in Farmville; and four (4) in Greenville.³⁷ There are eight (8) licensed adult care homes in the county: one (1) in Winterville; and eight (8) in Greenville.³⁸ There are seven (7) licensed hospice providers that serve people throughout the county: one (1) in Ayden and six (6) in Greenville.³⁹ There is one (1) inpatient hospice facility in Greenville.⁴⁰ There are seventy-three licensed home care providers that serve people throughout the county: one (1) in Bethel; three (3) in Ayden; three (3) in Farmville; three (3) in Winterville; and sixty-two in Greenville. There is also a provider based in Raleigh that serves Pitt County as well.⁴¹

Mental Health / Behavioral Health Crisis and Counseling Resources

Real Crisis Center: Real Crisis Center provides confidential counseling assistance to Pitt County residents 24 hours a day. Services are provided by telephone, as walk-ins or through on-site crisis teams. Problems addressed by the center include: suicide, discrimination, mourning, pregnancy, marriage, domestic violence, loneliness, family issues, financial issues, school-related issues, depression, job problems, sexual assault, just to mention a few. Real crisis also has an info-line service which provides information on over 1,000 agencies and services available in Pitt County.⁴²

Trillium: Trillium Health Resources is a local governmental agency that manages serious mental health, substance use, and intellectual/developmental disability services. Trillium offers 24/7 access to a Care Line (1-877-658-2415) with trained professionals who can determine the services needed and provide referrals to providers most convenient for the individual seeking services. In addition, a Mobile Crisis Team may be dispatched during an emergency situation to direct individuals to the crisis center for immediate care.⁴³

³⁷ NC DHHS Division of Health Service Regulation, , [NH WebReportAlphabeticalPdf \(ncdhhs.gov\)](#)

³⁸ NC DHHS Division of Health Service Regulation, [Adultcare WebReportPDF \(ncdhhs.gov\)](#)

³⁹ NC DHHS Division of Health Service Regulation, [Common WebReport \(ncdhhs.gov\)](#)

⁴⁰ NC DHHS Division of Health Service Regulation, [Common WebReport \(ncdhhs.gov\)](#)

⁴¹ NC DHHS Division of Health Service Regulation, [HC HomeCareAll WebReportPDF \(ncdhhs.gov\)](#)

⁴² Real Crisis Intervention, <http://www.realcrisis.org/>

⁴³ Trillium Health Resources, [Trillium Health Resources](#)

Child Care and Parenting Resources

Martin/ Pitt Partnership for Children: Martin/Pitt Partnership for Children, the local Smart Start agency, is committed to making meaningful and measurable investments in the quality of life for young children and families in education, health and support services. The Martin/Pitt Partnership for Children funds programs that aid in that commitment. The funded activities include:⁴⁴

- Child Care Health Consultants- Works with childcare providers to promote effective health and safety practices in childcare through technical assistance and training.
- Nurse-Family Partnership- Offers support to first-time, at-risk moms through home visits and other supports throughout pregnancy until the child turns two-years old.
- Child Links- A resource and referral agency that provides free childcare referrals to parents as well as offers training for childcare providers and provides access to early childhood resources.
- Family and Community Resources- Offers early childhood information to parents and fosters awareness of the Smart Start initiative and the Martin/Pitt Partnership for Children.
- Parents as Teachers- Offers parenting support through positive parent-child interactions, home visits and child development information.
- Child Care Subsidy- Assists eligible families with childcare through subsidies available at the Department of Social Services.
- QUEST (Quality, Education, Support, Training)- Works with childcare facilities to promote quality childcare.
- WAGE\$- offers salary supplements to early childhood staff who obtain higher education levels and remain in their current childcare setting.
- Program Evaluation and Monitoring- Ensures MPPFC's accountability via an outcome-based evaluation and monitoring system.
- Training & Development- Offers trainings for childcare providers and community members to assist in personal and professional growth.
- Raising a Reader- Partners with eligible agencies to encourage literacy at an early age as this is a critical time for brain development.

⁴⁴ Martin-Pitt Partnership for Children, [Child Care Statistical Report \(ncdhhs.gov\)](https://ncdhhs.gov/child-care-statistical-report)

Child Care: In Pitt County, there are 110 licensed childcare facilities consisting of 77 childcare centers and 32 family child care homes. There are 2,930 children (birth to 4 years of age) and 1,006 children (ages 5- 12 years) enrolled in licensed Pitt County childcare. There are 670 childcare employees in Pitt County.⁴⁵

Human / Social Services

Pitt County Department of Social Services: Pitt County Department of Social Services (DSS) is a multiprogram, human services organization which is mandated by Federal and State Law to provide assistance and counseling to citizens of Pitt County who qualify for these services. Programs range from health care, food assistance and emergency assistance. DSS strives to protect children and the elderly. Pitt County DSS provides the following services and programs: income maintenance; child support enforcement; emergency assistance; crisis intervention programs; food and nutrition services; Medicaid for adult, family and children, Medicaid transportation; work first family assistance and employment services; child and adult protective services; and prevention services.⁴⁶

Transportation Resources

Public Transportation: The County is served by two public transit systems. The City of Greenville operates the Greenville Area Transit (GREAT Bus) within its corporate limits.⁴⁷ The County of Pitt operates the Pitt Area Transit System (PATS) as a department of County government with an appointed advisory board to oversee the operation of this department and general public transportation services.⁴⁸ East Carolina University provides bus services for its students both on and off campus.⁴⁹ The Butterfield Transportation Center opened in August 2018 and is a centrally located transfer facility where all local and regional transportation services can connect.⁵⁰

Recreation Resources

Recreational Parks and Facilities: Pitt County offers 42 parks and recreation opportunities within the County. Pitt County Community Schools and Recreation has partnered with the Pitt County Government Planning Department to keep an inventory of recreation facilities within local municipalities. A directory of local parks and facilities can be found at: <https://pittcsr.com/parks/>.⁵¹ Pitt County is also fortunate to have a joint use agreement that allows school facilities to be used by community members when not otherwise in use. For more information regarding use of

⁴⁵ NCDHHS Division of Child Development and Early Education, [Child Care Statistical Report \(ncdhhs.gov\)](https://www.ncdhhs.gov/child-care-statistical-report)

⁴⁶ Pitt County Department of Social Services. Available at: <https://www.pittcountync.gov/454/Social-Services>

⁴⁷ City of Greenville GREAT Bus, <https://www.greenvillenc.gov/government/public-works/great-bus-system>

⁴⁸ Pitt County Government Pitt Area Transit System, <https://www.pittcountync.gov/220/Pitt-Area-Transit-PATS>

⁴⁹ 35 East Carolina University Transit, <http://www.ecu.edu/transit/>

⁵⁰ The City of Greenville, NC, [G.K. Butterfield Transportation Center | Greenville, NC \(greenvillenc.gov\)](https://www.greenvillenc.gov/government/public-works/butterfield-transportation-center)

⁵¹ Pitt County Community Schools and Recreation, <https://pittcsr.com/parks/>

facilities, visit <https://pittcsr.com/parks-facilities/use-of-facilities/>.⁵² The City of Greenville's Recreation and Parks Department also provides a variety of athletic, recreational, and arts and crafts activities for all ages and special populations and maintains more than 25 parks and recreational facilities. Additional information can be found at <https://www.greenvillenc.gov/government/recreation-parks>.⁵³

Faith and Other Non-Profit Community Resources

Heart for ENC (Equipping and empowering non-profit ministries): Pitt County is home to numerous non-profit and faith-based organizations that offer community resources and programming to individuals in need. Contact information for these organizations can be located at [RESOURCEGUIDEAug2020.pdf \(b5z.net\)](#).⁵⁴

⁵² Pitt County Community Schools and Recreation, <https://pittcsr.com/parks-facilities/use-of-facilities/>

⁵³ City of Greenville Recreation and Parks, City of Greenville Recreation and Parks, at <https://www.greenvillenc.gov/government/recreation-parks> .

⁵⁴Heart for ENC, [Heart for ENC | Connecting with non-profits. Supporting their mission. Impacting our community for Christ.](#)

Chapter 10 Community Prioritization Process

PCHD, VMC, and PPH began discussing the CHNA timeline in early spring of 2021. Leadership, representing PCHD, VMC / PPH, met frequently in a virtual format (due to the COVID-19 pandemic) between late spring 2021 – late summer 2021 to establish alignment of Pitt County’s CHNA with the Regional CHNA timeline, implemented by Health ENC. Virtual meetings, hosted by Health ENC, were also attended to discuss the timeline and the data collection process. Pitt County relied on Health ENC and the ECU Department of Public Health to collect and analyze the majority of both primary and secondary data; however, additional secondary and primary data were added by both PCHD and VMC. Primary data were collected through a community opinion survey implemented by Health ENC / ECU from April 1, 2021 – June 30, 2021, in both paper and electronic format using the REDcap software (no paper copies were collected in Pitt County). This survey was heavily promoted to the community through partner organizations; social media accounts / websites, as well as by local television stations’ social media outlets / websites, and the County’s main local newspaper, *The Daily Reflector*. In addition to the community survey, PCHD and VMC staff conducted community focus groups from June 2021 – July 2021 and analyzed the primary data collected from these groups in September of 2021.

In October 2021, a slide presentation, containing both secondary and primary data findings, was provided by Health ENC / ECU. The data were reviewed, and additional Pitt County data collected and analyzed by PCHD and VMC staff, were added in preparation for presentations to PPH, BOH and VMC Board of Trustees. The first presentation was provided to the BOH and to the general public in a televised and livestreamed meeting on November 9, 2021. A second presentation was given to the PPH community coalition in a virtual meeting held on November 18, 2021. Within both of these presentations, the Healthy NC 2030 indicators, derived using a population health improvement model, were shared, and explained.

On December 9, 2021, PPH received a presentation from NC DHHS regarding the NC 2030 indicators (moving from a disease prevention model to a population health model), as well as the Results Based Accountability (RBA) model, which is a disciplined way of thinking and taking action to improve the performance of programs and quality of life for communities.⁵⁵ The Healthy NC 2030 indicators were developed based upon this model. Pitt County’s CHNA is also aligned the Healthy NC 2030 indicators and with the RBA model.

In January of 2022, voting ballots, consisting of the NC Healthy 2030 indicators were shared virtually via Survey Monkey with PPH members. PPH members were asked to rank their opinion of the top three most important indicators based upon the data presented. They were also asked to select which indicator(s) on which they could commit to work over the next three years. The PPH’s priorities/indicators were shared with the VMC Board of Trustees in February 2022 and approved

⁵⁵ [Results-Based Accountability - Overview and Guide \(clearimpact.com\)](#)

as VMC's health priority areas of focus. The CHNA data and other supporting documents were also shared electronically and during face-to-face meetings with the Pitt County BOH in December 2021, January 2022, February 2022 and March 2022. BOH members were asked to select the top three areas for PCHD to focus on for the next three years.

Prior to voting for the top health priorities / indicators of focus, voters were asked to consider the primary and secondary data presented and to also consider the following three criteria when confirming their selection: 1) Magnitude of the Problem defined as the number of people affected by the problem, 2) Seriousness of the Problem defined as the degree of disability or premature death that occurs because of the problem as well as the potential economic and social burdens the problem poses to the community, and 3) Feasibility of a Successful Intervention defined as a scientifically feasible intervention and one that is acceptable to the community, is preventable, and contains resources that can address the problem.

The Health Priorities (Healthy NC 2030 indicators) selected by both the Pitt County BOH and the VMC Board of Trustees for the next three years include:

Pitt County Board of Health:

- Chronic Disease Prevention with a focus on: Improving access to health foods, Reduction of sugar sweetened beverage consumption, and Increase of Physical Activity;
- Mental / Behavioral Health; and
- Infant Mortality Prevention

Vidant Medical Center Board of Trustees:

- Access to Care/Social Determinants of Health (Individuals living below 200% of the Federal Poverty Level);
- Healthy lifestyles (Limited access to healthy foods); and
- Mental/Behavioral Health (Adverse childhood experiences; Individuals living below 200% of the Federal Poverty Level)

PCHD is currently comprising a Community Health Improvement Plan encompassing evidence-based activities to adequately address the selected health priorities/indicators. PPH is also forming a similar plan and coalition members are positioning to work on the identified areas of concern.

PCHD and VMC are working collaboratively to share resources and to assure activities and strategies are well aligned among all entities. By September 2022, the Pitt County Health Department will release a Community Health Improvement Plan based upon the health priorities/indicators selected by the BOH. The VMC Board of Trustees will approve an Implementation Strategy that addresses the adopted health priorities/indicators as presented by PPH.

CHNA References

Data Sources and References for ENC Health Community Health Assessment (2020-2021)

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS State Center for Health Statistics	2018
Clinical Care	Source	Years
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	
Health Behavior Factors	Source	Years
BRFSS	NC-DHHS State Center for Health Statistics	2018
Health ENC Primary Data Questions – Quality of Life, Behavior	Health ENC Report	2020-2021
Healthy NC, 2030	NCIOM / NC DHHS	2020
County Health Rankings	Robert Woods Johnson Foundation	Varies
Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Poverty by race and ethnicity	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020

Transportation (% of workers commuting; % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021
Community and Safety Factors	Source	Years
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. Dept. of Public Safety, juvenile justice county Databook	2017-2020
Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Wood Johnson County Health Rankings	2013-2017

Note: This list is provided as a resource for data and information and may not include all of the above references noted in the slide set.

Appendices to the 2021 Community Health Needs Assessment

Appendix A: Community Health Needs Assessment Survey (Health ENC 2021)

Community Health Needs Assessment 2021 PID 1535

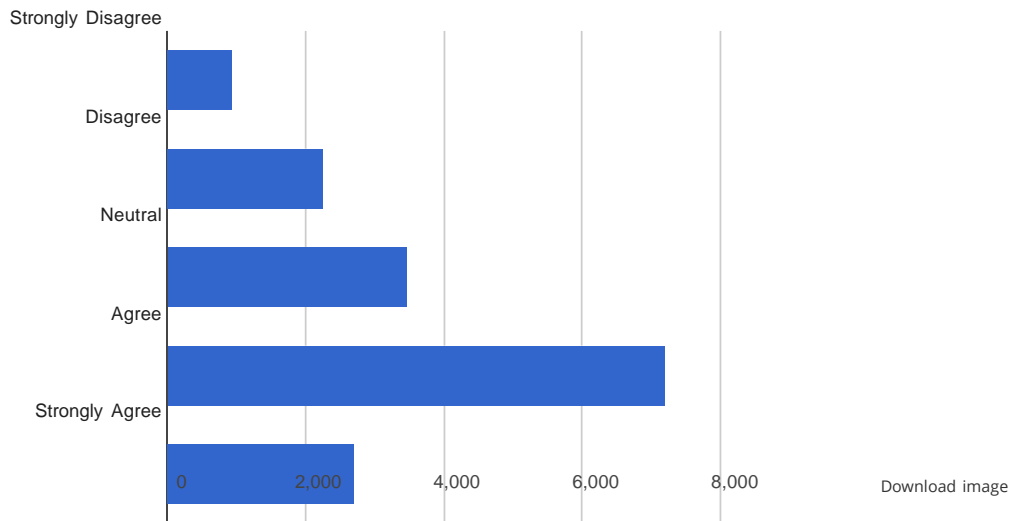
Data Exports, Reports, and Stats

Pitt County

There is good healthcare in my county. *(healthcare)*

Total Count (N)	Missing *	Unique
920	2 (0.2%)	5

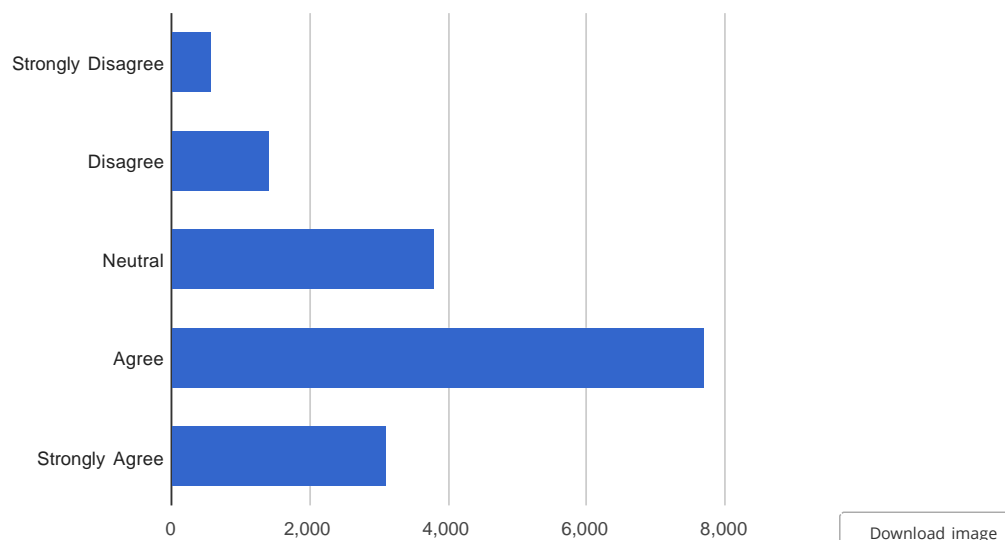
Counts/frequency: **Strongly Disagree** (19, 2.1%), **Disagree** (63, 6.8%), **Neutral** (115, 12.5%), **Agree** (450, 48.9%), **Strongly Agree** (273, 29.7%)



This county is a good place to raise children. *(raise_children)*

Total Count (N)	Missing *	Unique
920	2 (0.2%)	5

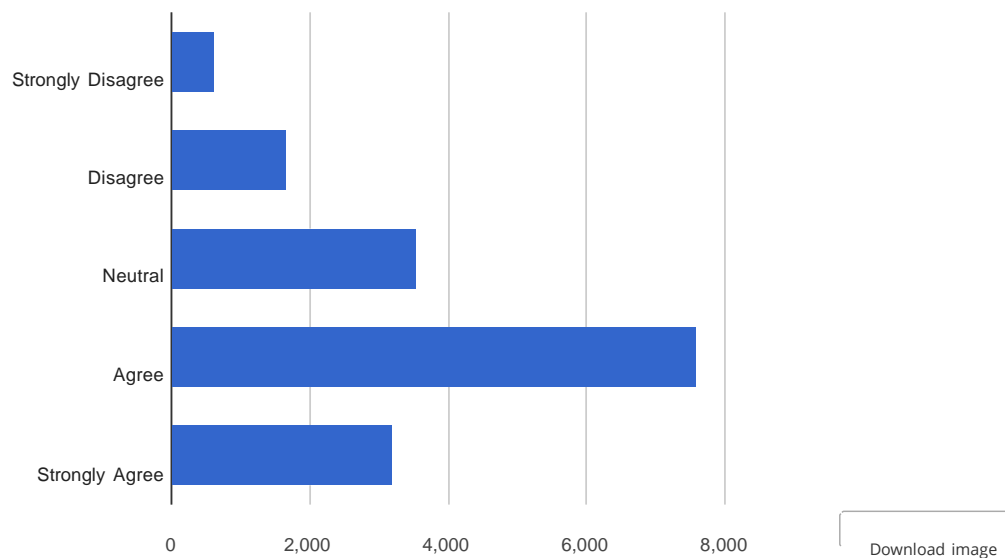
Counts/frequency: **Strongly Disagree** (16, 1.7%), **Disagree** (51, 5.5%), **Neutral** (154, 16.7%), **Agree** (498, 54.1%), **Strongly Agree** (201, 21.8%)



This county is a good place to grow old. (*grow_old*)

Total Count (N)	Missing*	Unique
920	2 (0.2%)	5

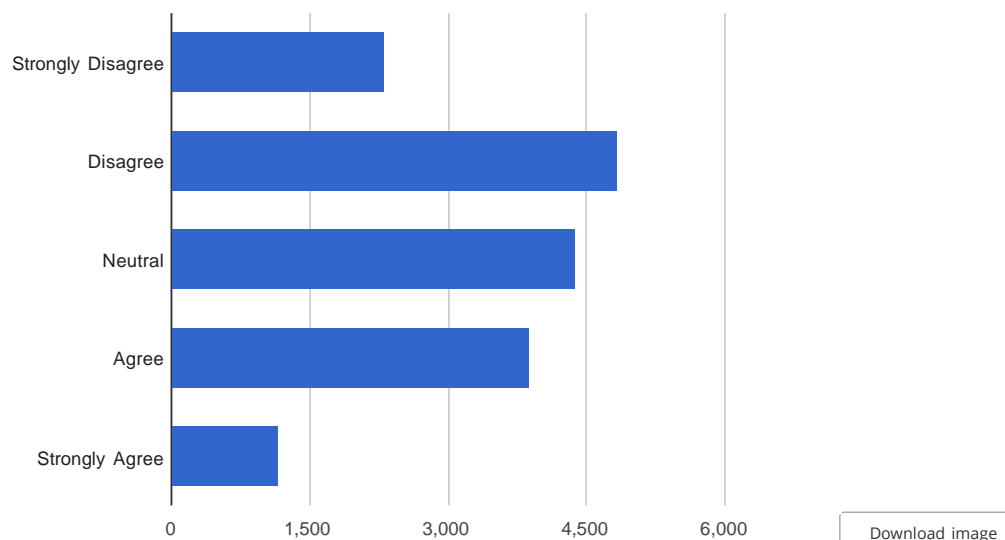
Counts/frequency: Strongly Disagree (22, 2.4%), Disagree (74, 8.0%), Neutral (195, 21.2%), Agree (445, 48.4%), Strongly Agree (184, 20.0%)



There is plenty of economic opportunity in this county. (*econ_opp*)

Total Count (N)	Missing*	Unique
921	1 (0.1%)	5

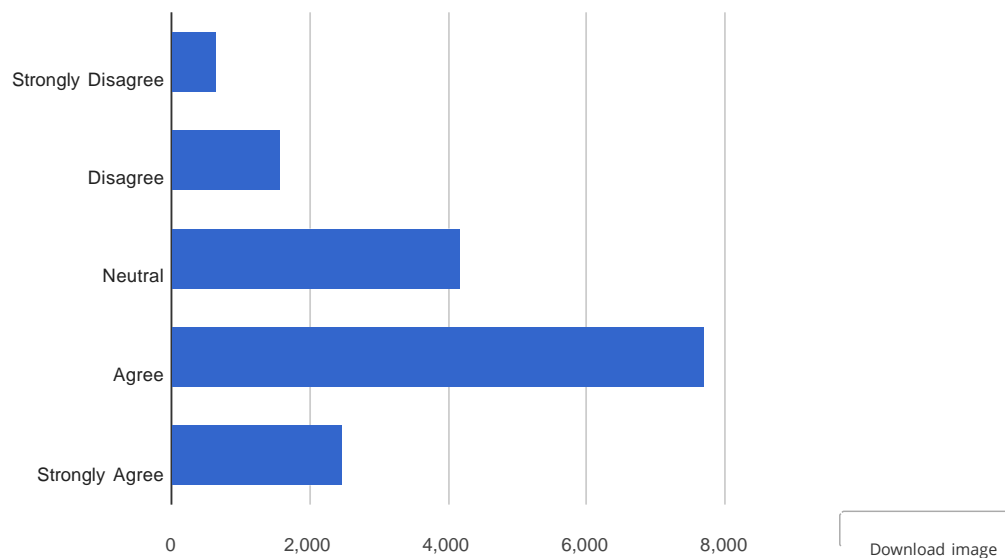
Counts/frequency: Strongly Disagree (61, 6.6%), Disagree (147, 16.0%), Neutral (223, 24.2%), Agree (377, 40.9%), Strongly Agree (113, 12.3%)



This county is a safe place to live *(safe)*

Total Count (N)	Missing*	Unique
920	2 (0.2%)	5

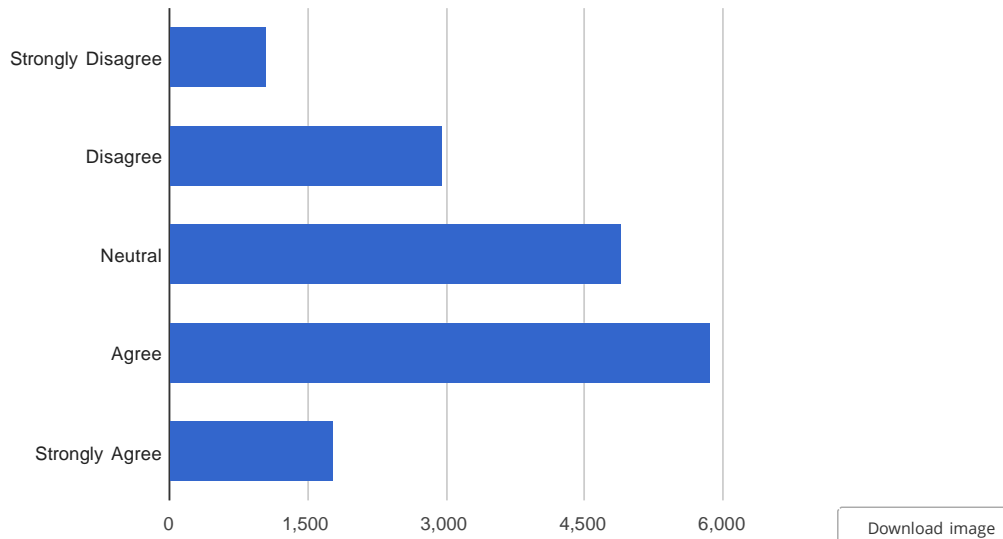
Counts/frequency: Strongly Disagree (21, 2.3%), Disagree (89, 9.7%), Neutral (261, 28.4%), Agree (464, 50.4%), Strongly Agree (85, 9.2%)



There is plenty of help for people during times of need in this county. *(help)*

Total Count (N)	Missing*	Unique
917	5 (0.5%)	5

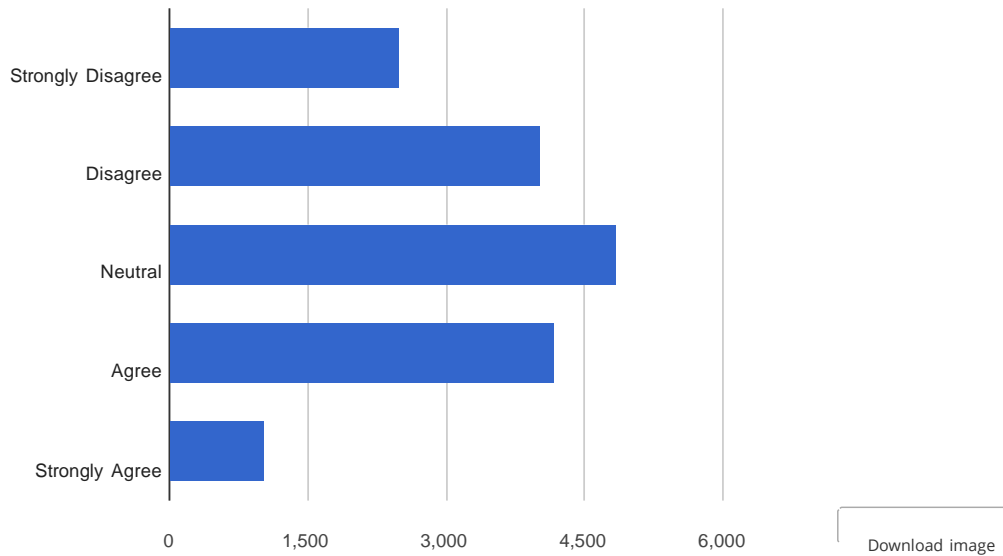
Counts/frequency: Strongly Disagree (57, 6.2%), Disagree (152, 16.6%), Neutral (269, 29.3%), Agree (339, 37.0%), Strongly Agree (100, 10.9%)



There is a affordable housing that meets the needs in this county. (*affordable*)

Total Count (N)	Missing*	Unique
918	4 (0.4%)	5

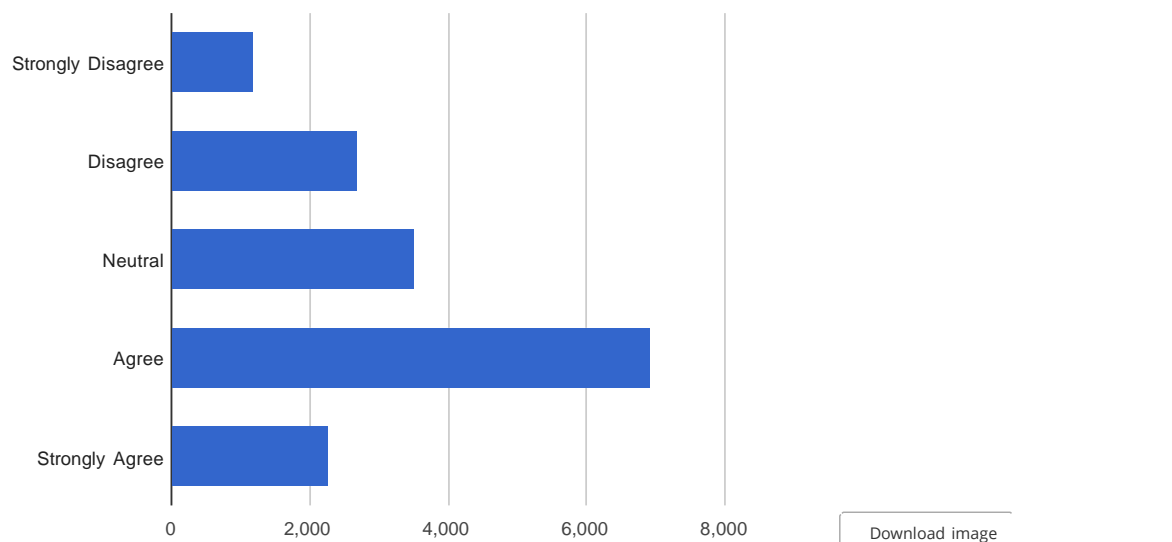
Counts/frequency: Strongly Disagree (100, 10.9%), Disagree (195, 21.2%), Neutral (293, 31.9%), Agree (258, 28.1%), Strongly Agree (72, 7.8%)



There are good parks and recreation facilities in this county. (*parks*)

Total Count (N)	Missing*	Unique
920	2 (0.2%)	5

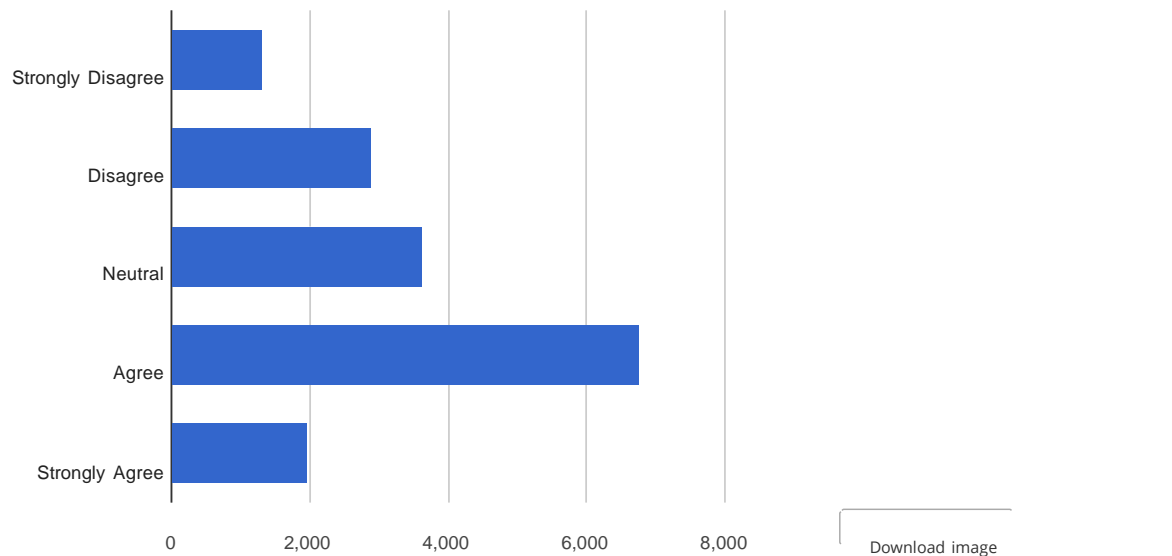
Counts/frequency: Strongly Disagree (27, 2.9%), Disagree (77, 8.4%), Neutral (145, 15.8%), Agree (473, 51.4%), Strongly Agree (198, 21.5%)



It is easy to buy healthy foods in this county. *(healthyfood)*

Total Count (N)	Missing *	Unique
918	4 (0.4%)	5

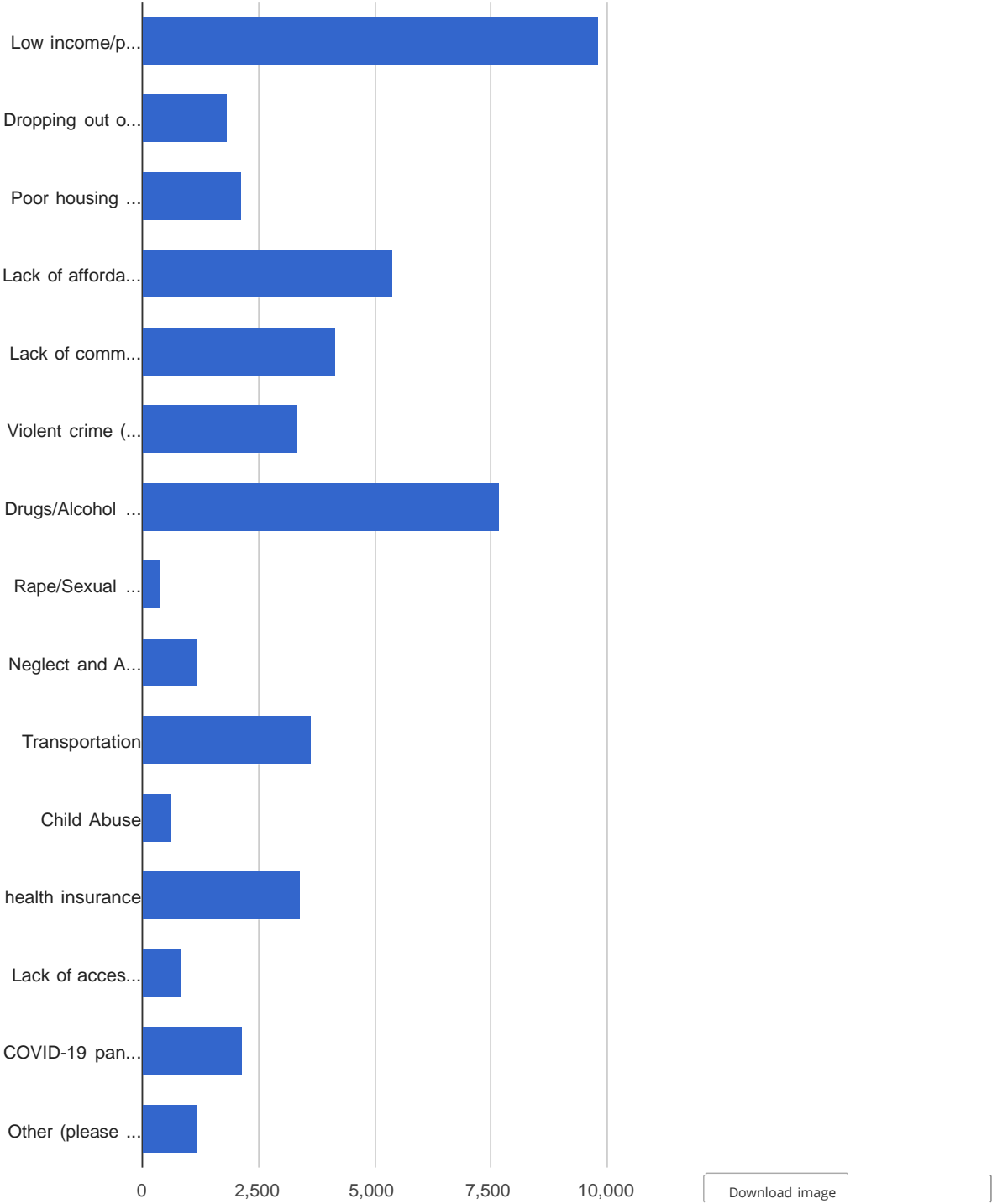
Counts/frequency: Strongly Disagree (49, 5.3%), Disagree (148, 16.1%), Neutral (183, 19.9%), Agree (407, 44.3%), Strongly Agree (131, 14.3%)



Please select the top 3 issues which have the highest impact on quality of life in this county. *(topissues)*

Total Count (N)	Missing *	Unique
918	4 (0.4%)	15

Counts/frequency: Low income/poverty (608, 66.2%), Dropping out of school (122, 13.3%), Poor housing conditions (115, 12.5%), Lack of a ordable housing (263, 28.6%), Lack of community resources (187, 20.4%), Violent crime (murder, assault) Theft (228, 24.8%), Drugs/Alcohol (Substance Use) (363, 39.5%), Rape/Sexual Assault (19, 2.1%), Neglect and Abuse (92, 10.0%), Transportation (204, 22.2%), Child Abuse (26, 2.8%), health insurance (210, 22.9%), Lack of access to enough food (66, 7.2%), COVID-19 pandemic (131, 14.3%), Other (please specify) (56, 6.1%)



Other (topthreeother1)

Total Count (N)	Missing *
50	872

Please select what you feel are the top 3 services that need the most improvement in your community. (improvements)

Total Count (N)	Missing *	Unique

918 21

Counts/frequency: Animal control (36, 3.9%), Child care options (115, 12.5%), Elder care options (167, 18.2%), Services for disabled people (95, 10.3%), More affordable health services (203, 22.1%), Better/More healthy food choices (119, 13.0%), More affordable / better housing (251, 27.3%), Number of healthcare providers (53, 5.8%), Culturally appropriate health services (75, 8.2%), Counseling / mental and behavioral health / support groups (307, 33.4%), Better / more recreational facilities (parks, trails, community centers) (115, 12.5%), substance Misuse Services/ Recovery support (141, 15.4%), Positive teen activities (232, 25.3%), Transportation options (126, 13.7%), Availability of employment (58, 6.3%), Higher paying employment (241, 26.3%), Road maintenance (195, 21.2%), Pedestrian and cyclist road safety (67, 7.3%), Healthy family activities (77, 8.4%), None (8, 0.9%), Other (please specify) (24, 2.6%)

Animal

Child care op..

Elder care op..

Services for d..

More afforda..

Better/More h..

More afforda..

Number of he..

Culturally app..

Counseling /.

Better / more .

Substance Mi..

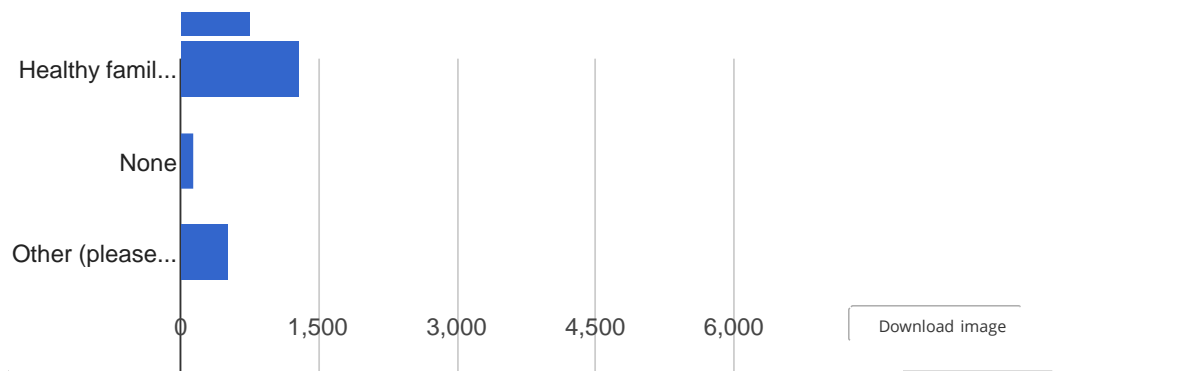
Positive teen .

Transportatio..

Availability of .

Higher payin..

Road mainte..



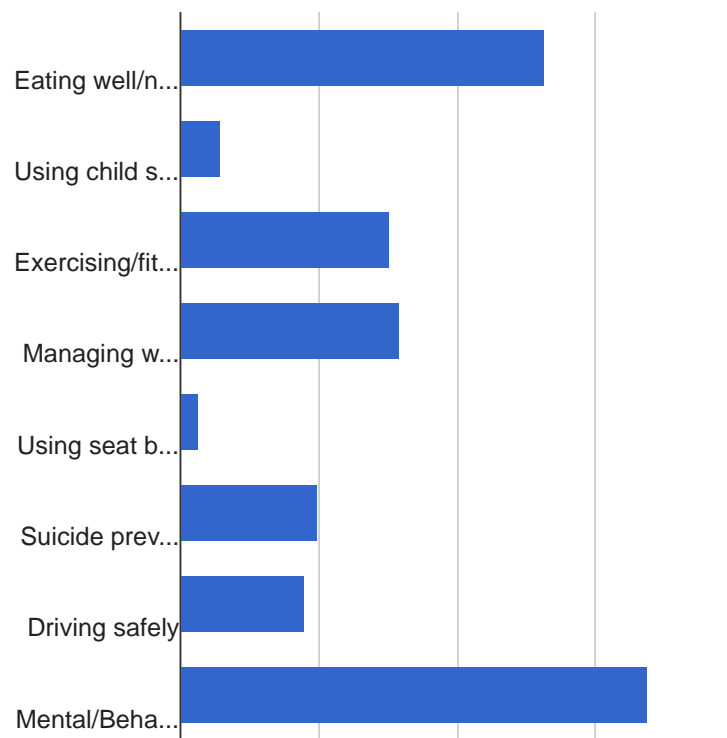
Other (improvement_other)

Total Count (N)	Missing *
22	900

Please select the top 3 health behaviors that you feel people in your community need more information about. (health_behavior)

Total Count (N)	Missing *	Unique
920	2 (0.2%)	27

Counts/frequency: Eating well/nutrition (313, 34.0%), Using child safety car seats (42, 4.6%), Exercising/fitness (137, 14.9%), Managing weight (201, 21.8%), Using seat belts (4, 0.4%), Suicide prevention (139, 15.1%), Driving safely (126, 13.7%), Mental/Behavioral Health (464, 50.4%), Domestic violence prevention (112, 12.2%), Crime prevention (136, 14.8%), Elder care (107, 11.6%), Child care/parenting (137, 14.9%), Rape/sexual abuse prevention (19, 2.1%), COVID-19 (34, 3.7%), Going to a dentist for check-ups/preventive care (46, 5.0%), Quitting smoking/tobacco use prevention (47, 5.1%), Substance misuse prevention (168, 18.3%), Harm reduction (19, 2.1%), Breastfeeding (14, 1.5%), Going to the doctor for yearly check-ups and screenings (122, 13.3%), Getting prenatal care during pregnancy (18, 2.0%), Getting flu shots and other vaccines (50, 5.4%), Preparing for an emergency/disaster (60, 6.5%), Caring for family members with special needs / disabilities (103, 11.2%), Preventing pregnancy and sexually transmitted diseases (safe sex) (84, 9.1%), None (8, 0.9%), Other (please specify) (17, 1.8%)





Other (heath_behavin_other)

Total Count (N)	Missing *
17	905

Please select the top 3 areas where COVID-19 have impacted you most severely/significantly? *(covid)*

Total Count (N)	Missing *	Unique
914	8 (0.9%)	18

Counts/frequency: Employment/Loss of Job (149, 16.3%), Access to food (34, 3.7%), Access to safe housing (14, 1.5%), Transportation (18, 2.0%), Education (147, 16.1%), Physical Health (165, 18.1%), Mental/Behavioral Health (367, 40.2%), Substance Misuse (32, 3.5%), Stress and anxiety (636, 69.6%), Economic Resources (94, 10.3%), Ability to seek medical care (37, 4.0%), Social isolation (431, 47.2%), Grief from loss of loved one (102, 11.2%), Access to medication (7, 0.8%), Lack of comfort in seeking medical care (62, 6.8%), Spiritual Health/Well-being (194, 21.2%), Child care (56, 6.1%), Other (50, 5.5%)

Employment/L..

Access to safe..

Mentai/Behavi..

Substance Mis..

Stress and an..

Economic Res..

Ability to seek .

Grief from loss..

Access to med..

Lack of comfor..

Spiritual Healt..



Other *(other_covid)*

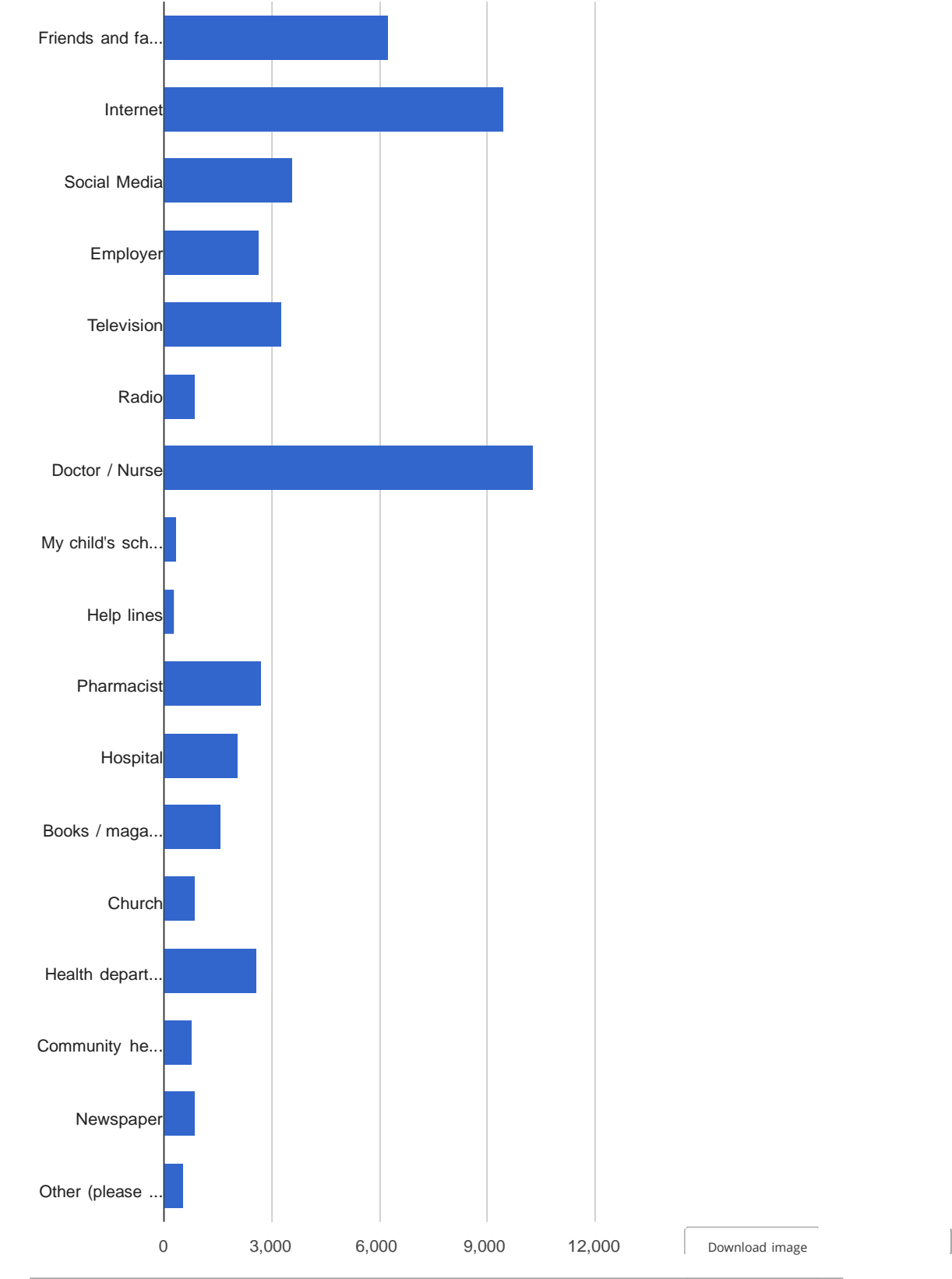
Total Count (N)	Missing*
44	878 (95.2%)

Where do you get most of your health-related information? (Please check all that apply)

(health_info)

Total Count (N)	Missing *	Unique
920	2 (0.2%)	17

Counts/frequency: Friends and family (344, 37.4%), Internet (575, 62.5%), Social Media (195, 21.2%), Employer (193, 21.0%), Television (150, 16.3%), Radio (42, 4.6%), Doctor / Nurse (631, 68.6%), My child's school (16, 1.7%), Help lines (17, 1.8%), Pharmacist (154, 16.7%), Hospital (77, 8.4%), Books / magazines (98, 10.7%), Church (49, 5.3%), Health department (140, 15.2%), Community health worker (62, 6.7%), Newspaper (54, 5.9%), Other (please specify) (38, 4.1%)



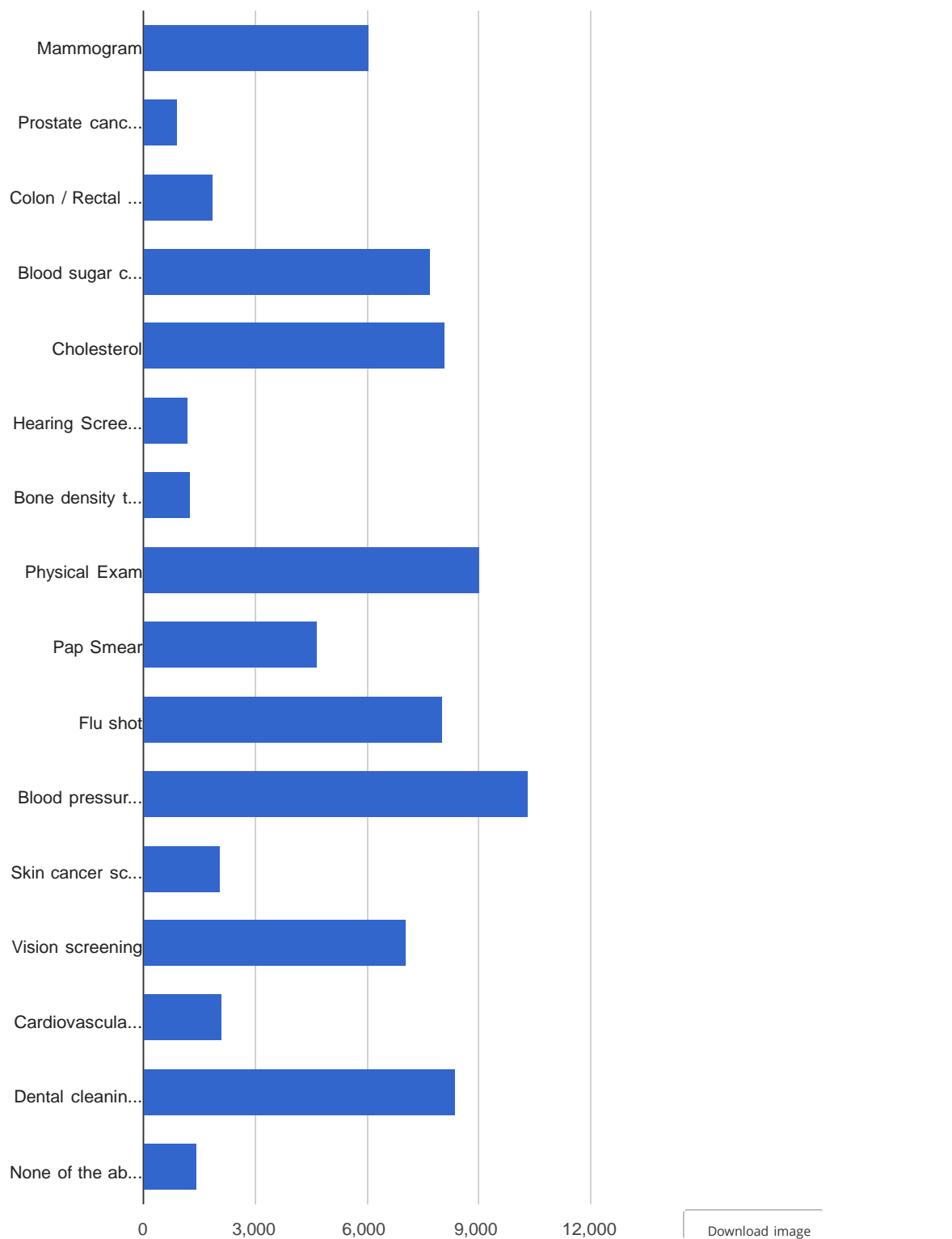
Other (*health_info_other*)

Total Count (N)	Missing *
32	890

Which of the following preventative services have you had in the past 12 months? (Check all that apply) (prevent_services)

Total Count (N)	Missing *	Unique
920	2 (0.2%)	16

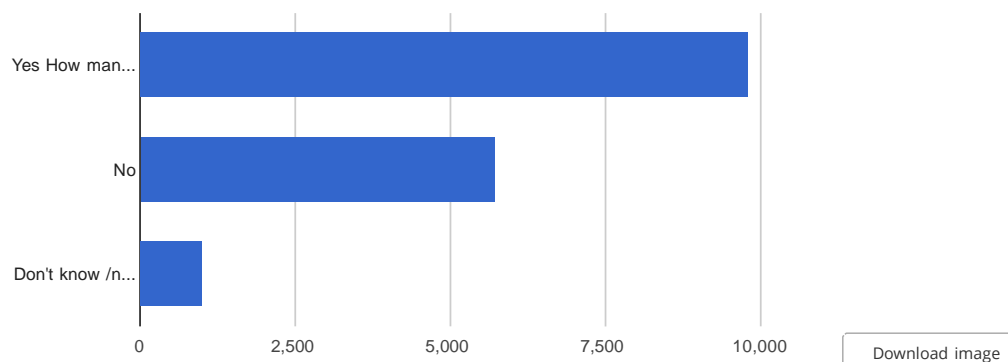
Counts/frequency: Mammogram (368, 40.0%), Prostate cancer screening (46, 5.0%), Colon / Rectal exam (108, 11.7%), Blood sugar check (466, 50.7%), Cholesterol (500, 54.3%), Hearing Screening (48, 5.2%), Bone density test (73, 7.9%), Physical Exam (598, 65.0%), Pap Smear (356, 38.7%), Flu shot (582, 63.3%), Blood pressure check (633, 68.8%), Skin cancer screening (148, 16.1%), Vision screening (470, 51.1%), Cardiovascular screening (107, 11.6%), Dental cleaning / x-rays (572, 62.2%), None of the above (46, 5.0%)



During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Please select only one) *(physicalactivity)*

Total Count (N)	Missing*	Unique
921	1 (0.1%)	3

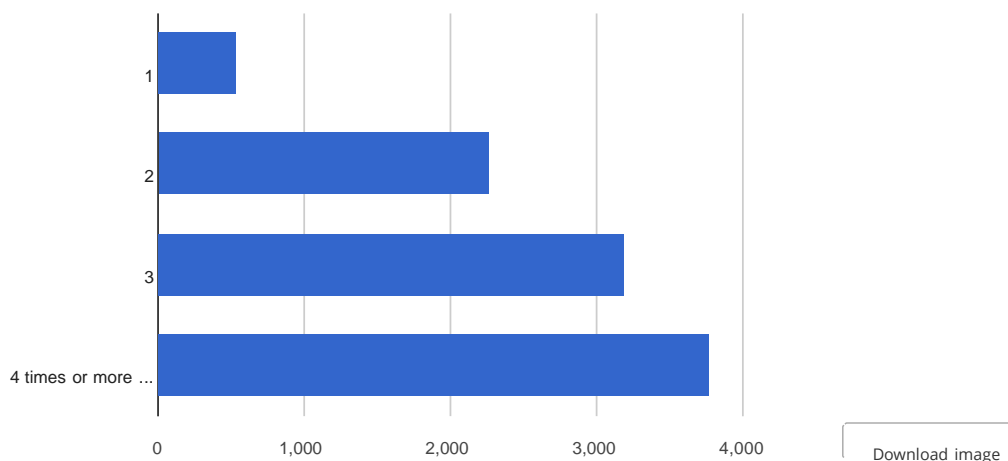
Counts/frequency: Yes How many times per week? (594, 64.5%), No (289, 31.4%), Don't know /not sure (38, 4.1%)



How many times per week? (*exercisetimesweek*)

Total Count (N)	Missing *	Unique
593	329	4

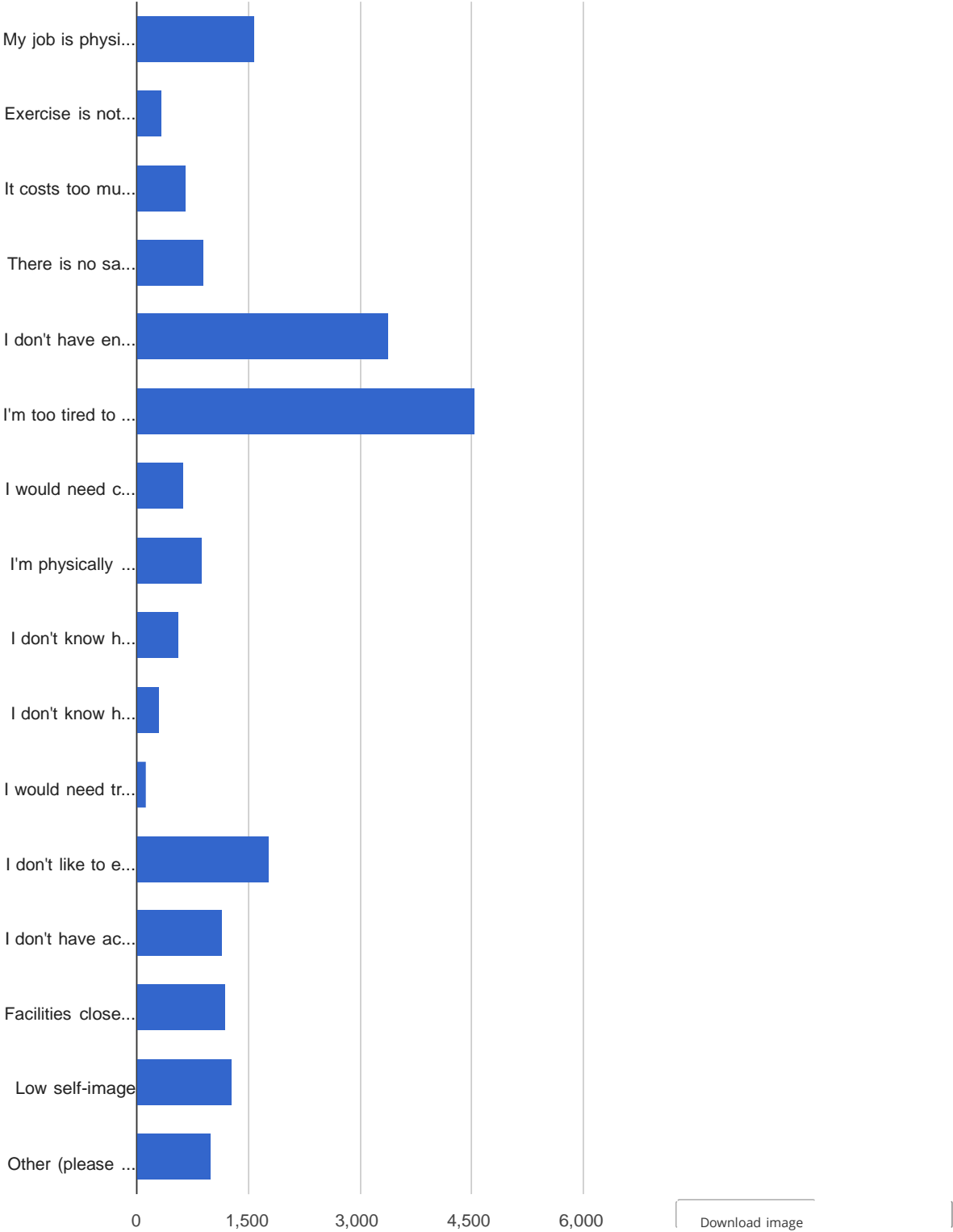
Counts/frequency: 1 (29, 4.9%), 2 (136, 22.9%), 3 (196, 33.1%), 4 times or more per week (232, 39.1%)



If you do not exercise at least a half hour a few days each week, please select the reasons why you do not exercise? (Please select all that apply) (*notexercise*)

Total Count (N)	Missing *	Unique
555	367	16

Counts/frequency: My job is physical or hard labor. (59, 10.6%), Exercise is not important to me. (14, 2.5%), It costs too much to exercise. (37, 6.7%), There is no safe place to exercise. (49, 8.8%), I don't have enough time to exercise. (238, 42.9%), I'm too tired to exercise. (306, 55.1%), I would need child care and I don't have it. (51, 9.2%), I'm physically disabled. (24, 4.3%), I don't know how to find exercise partners. (44, 7.9%), I don't know how to safely (10, 1.8%), I would need transportation and I don't have it. (2, 0.4%), I don't like to exercise. (106, 19.1%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (72, 13.0%), Facilities closed due to COVID 19 (89, 16.0%), Low self-image (76, 13.7%), Other (please specify) (68, 12.3%)



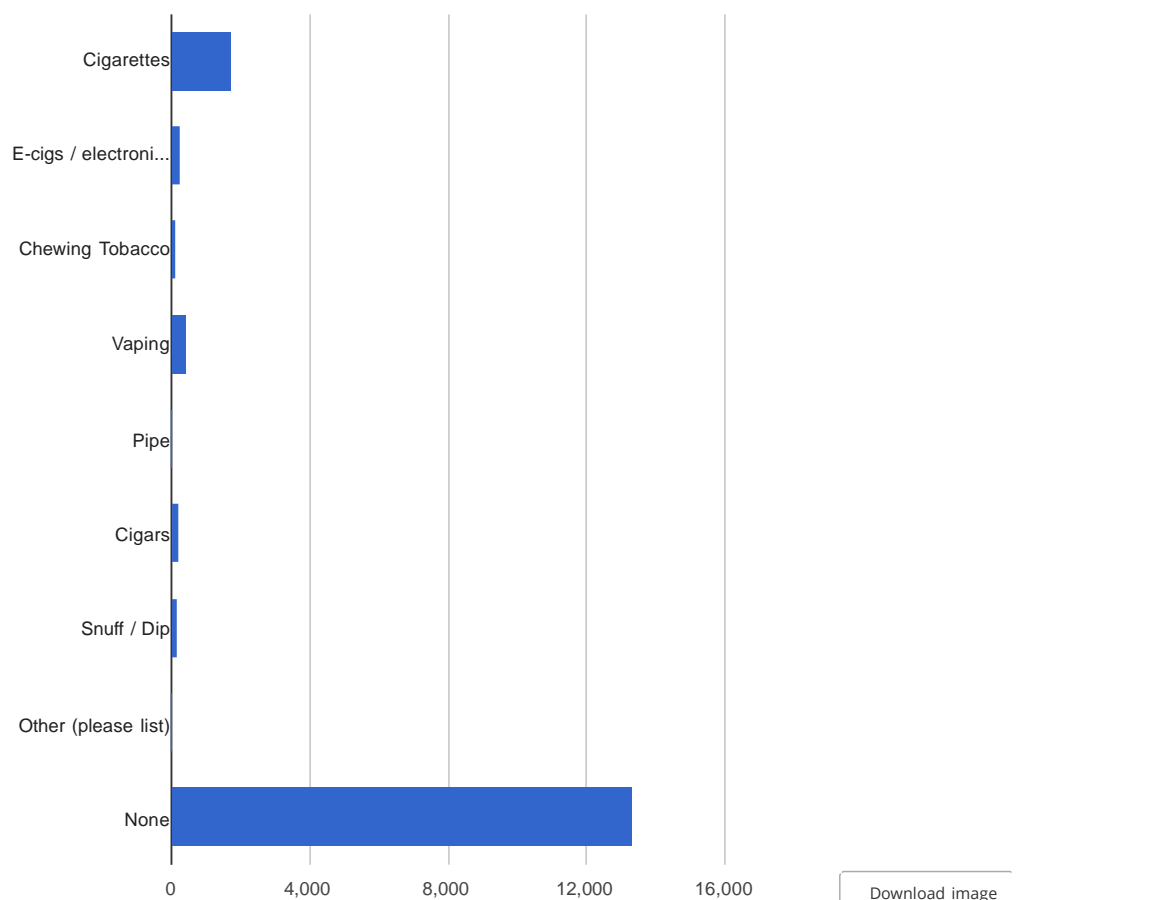
Other *(exercise_other)*

Total Count (N)	Missing*
63	859

Please select any tobacco product you currently use, *(please_select_any_tobacco)*

Total Count (N)	Missing *	Unique
901	21 (2.3%)	7

Counts/frequency: Cigarettes (42, 4.7%), E-cigs / electronic cigarettes (8, 0.9%), Chewing Tobacco (1, 0.1%), Vaping (10, 1.1%), Pipe (0, 0.0%), Cigars (9, 1.0%), Snuff / Dip (7, 0.8%), Other (please list) (0, 0.0%), None (833, 92.5%)



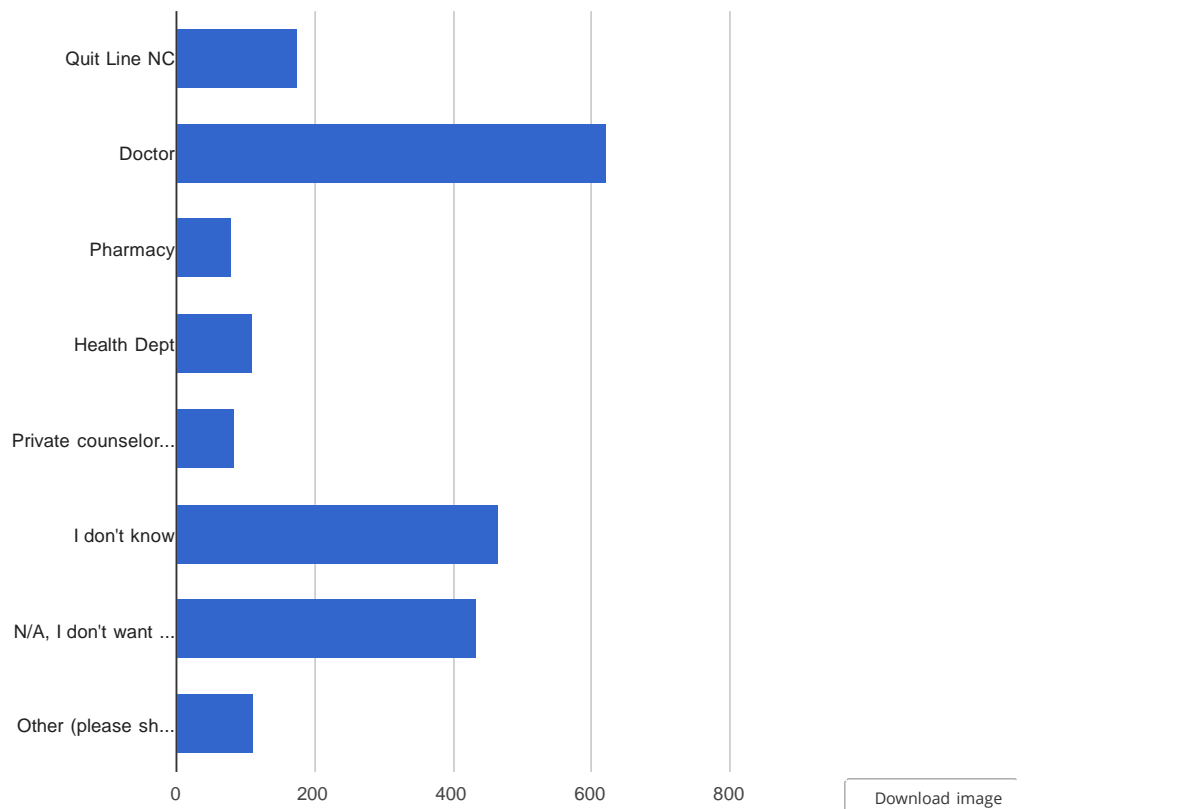
Other (please list) *(other_please_list)*

Total Count (N)	Missing *
0	922 (100.0%)

Where would you go for help if you wanted to quit? *(quit)*

Total Count (N)	Missing *	Unique
62	860	7

Counts/frequency: Quit Line NC (3, 4.8%), Doctor (22, 35.5%), Pharmacy (0, 0.0%), Health Dept (5, 8.1%), Private counselor / therapist (6, 9.7%), I don't know (13, 21.0%), N/A, I don't want to quit (9, 14.5%), Other (please share more) (4, 6.5%)



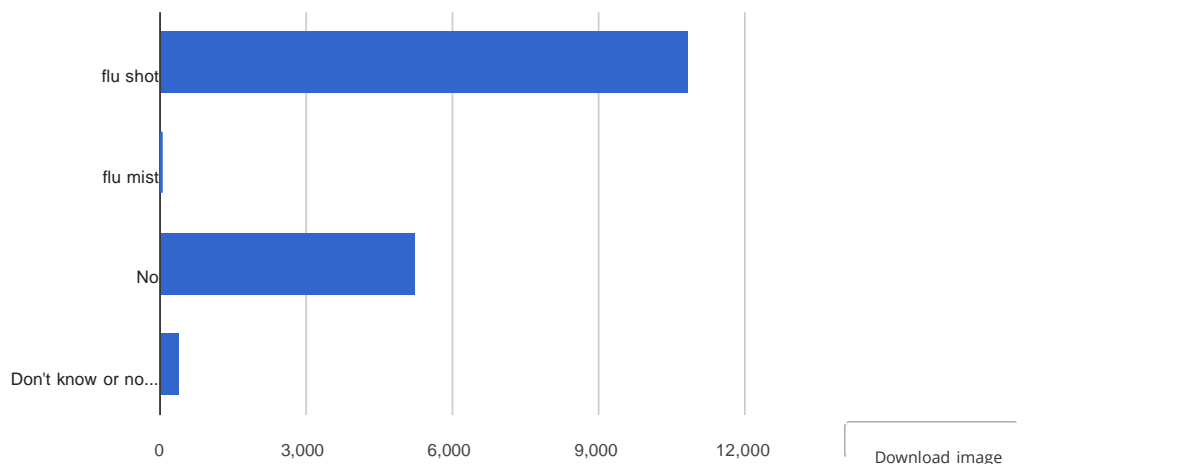
Other: (quit_other)

Total Count (N)	Missing *
4	918

An influenza / flu vaccine can be a "flu shot" injected into your arm or a spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you received a seasonal flu vaccine? (Choose only one) (u)

Total Count (N)	Missing *	Unique
920	2 (0.2%)	3

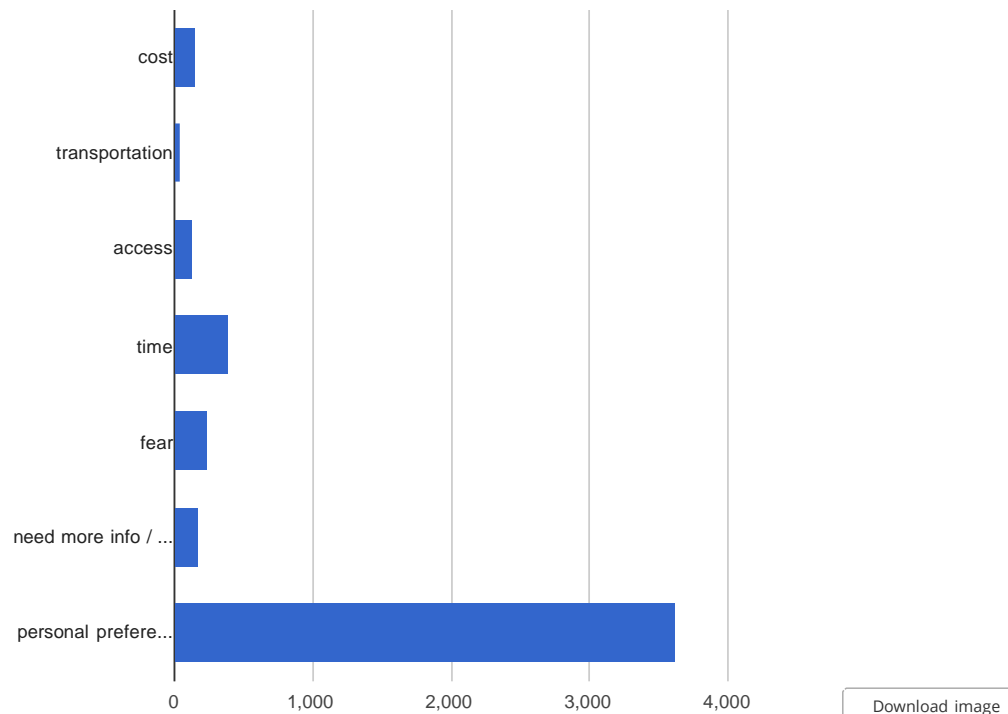
Counts/frequency: flu shot (703, 76.4%), flu mist (0, 0.0%), No (211, 22.9%), Don't know or not sure (6, 0.7%)



If you did not get your COVID vaccine, why not? Please check any barriers. (u_barriers)

Total Count (N)	Missing *	Unique
198	724	6

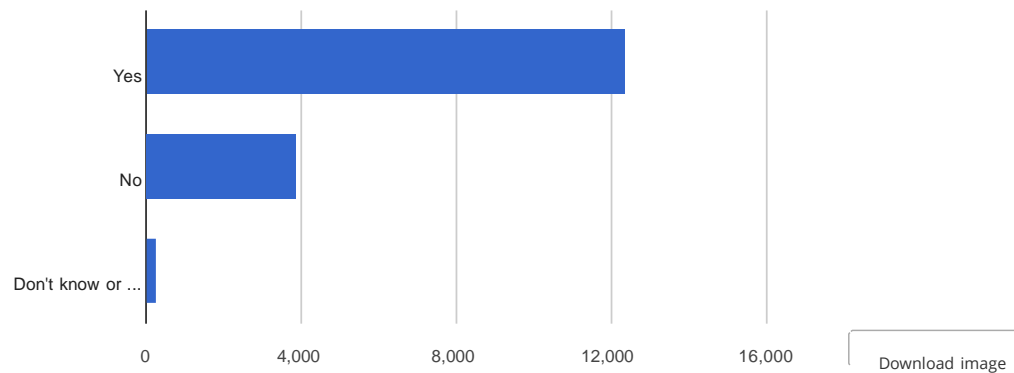
Counts/frequency: cost (3, 1.5%), transportation (0, 0.0%), access (4, 2.0%), time (13, 6.6%), fear (6, 3.0%), need more info / have questions (7, 3.5%), personal preference (165, 83.3%)



Have you had a COVID-19 vaccine? (covidshot)

Total Count (N)	Missing *	Unique
917	5 (0.5%)	3

Counts/frequency: Yes (709, 77.3%), No (194, 21.2%), Don't know or not sure (14, 1.5%)

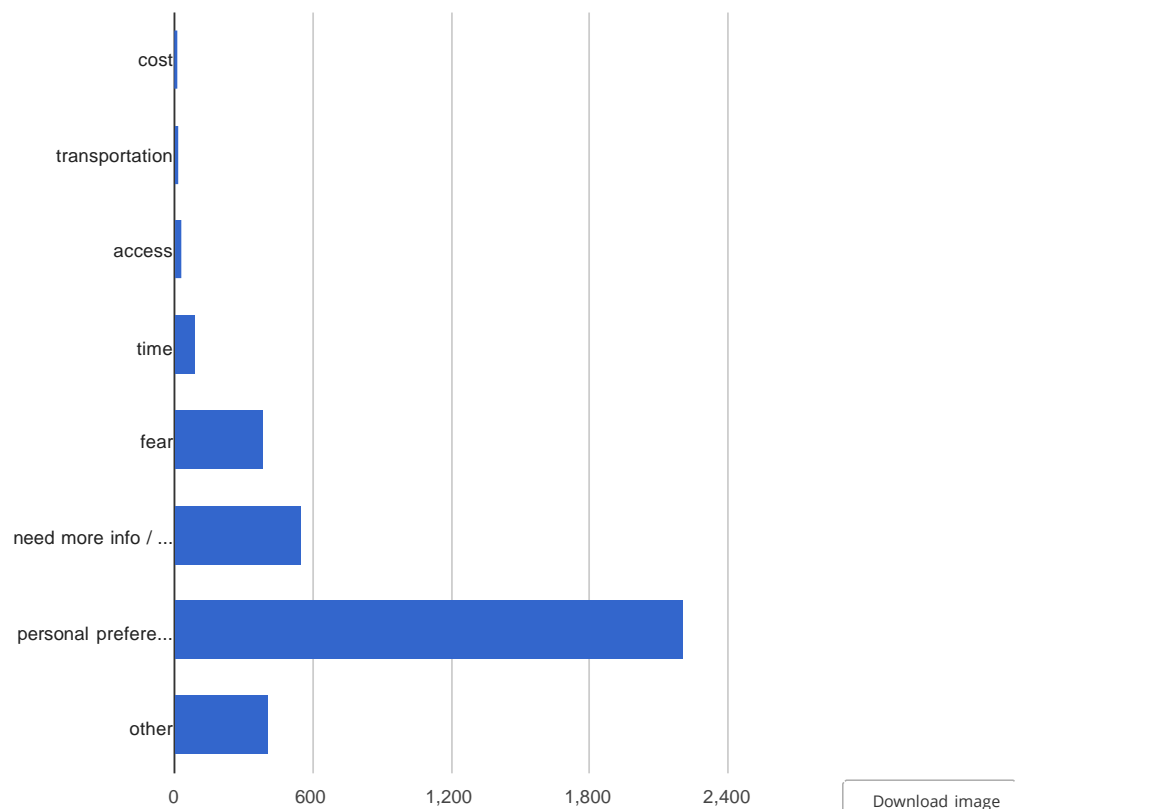


If you did not get your COVID-19 vaccine, why not? Please check any barriers. (covidyesskip)

Total Count (N)	Missing *	Unique
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192	.730	6
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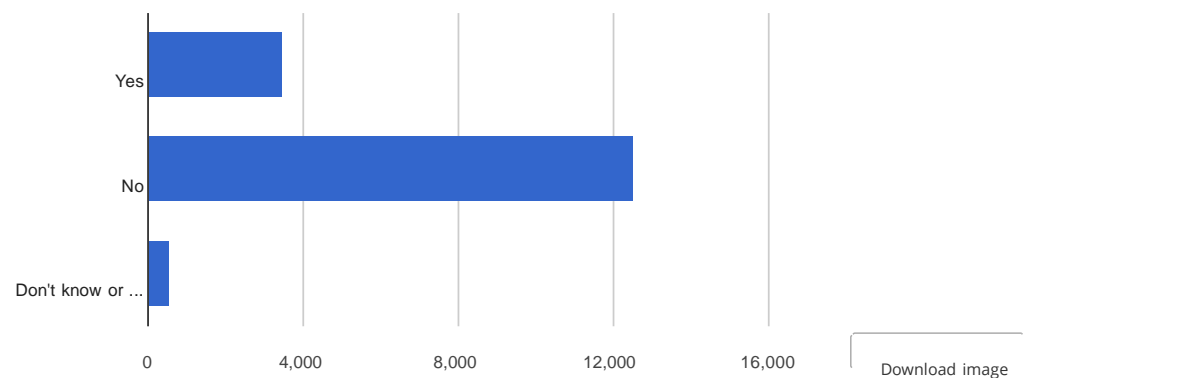
Counts/frequency: cost (0, 0.0%), transportation (0, 0.0%), access (1, 0.5%), time (2, 1.0%), fear (16, 8.3%), need more info / have questions (28, 14.6%), personal preference (117, 60.9%), other (28, 14.6%)



In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Please choose only one) *(healthcarehelp)*

Total Count (N)	Missing *	Unique
922	0 (0.0%)	3

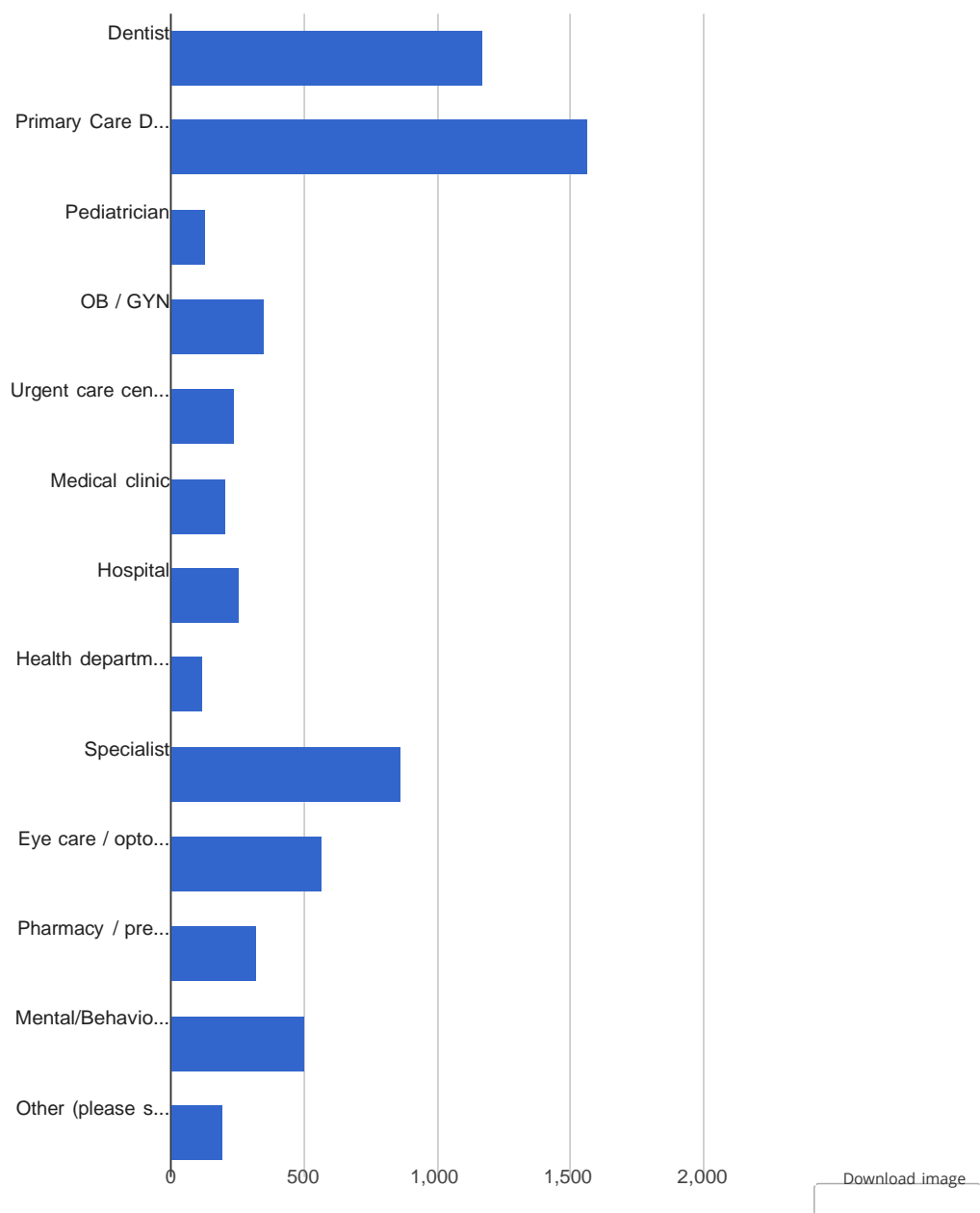
Counts/frequency: Yes (165, 17.9%), No (737, 79.9%), Don't know or not sure (20, 2.2%)



If yes, what type of provider or facility did you have trouble getting healthcare from? (Please choose all that apply) *(healthcareproviderhelp)*

Total Count (N)	Missing *	Unique
162	760	12

Counts/frequency: Dentist (63, 38.9%), Primary Care Doctor (65, 40.1%), Pediatrician (7, 4.3%), OB / GYN (22, 13.6%), Urgent care center (8, 4.9%), Medical clinic (6, 3.7%), Hospital (9, 5.6%), Health department (0, 0.0%), Specialist (38, 23.5%), Eye care / optometrist / ophthalmologist (31, 19.1%), Pharmacy / prescriptions (17, 10.5%), Mental/Behavioral Health Providers (29, 17.9%), Other (please share more) (9, 5.6%)



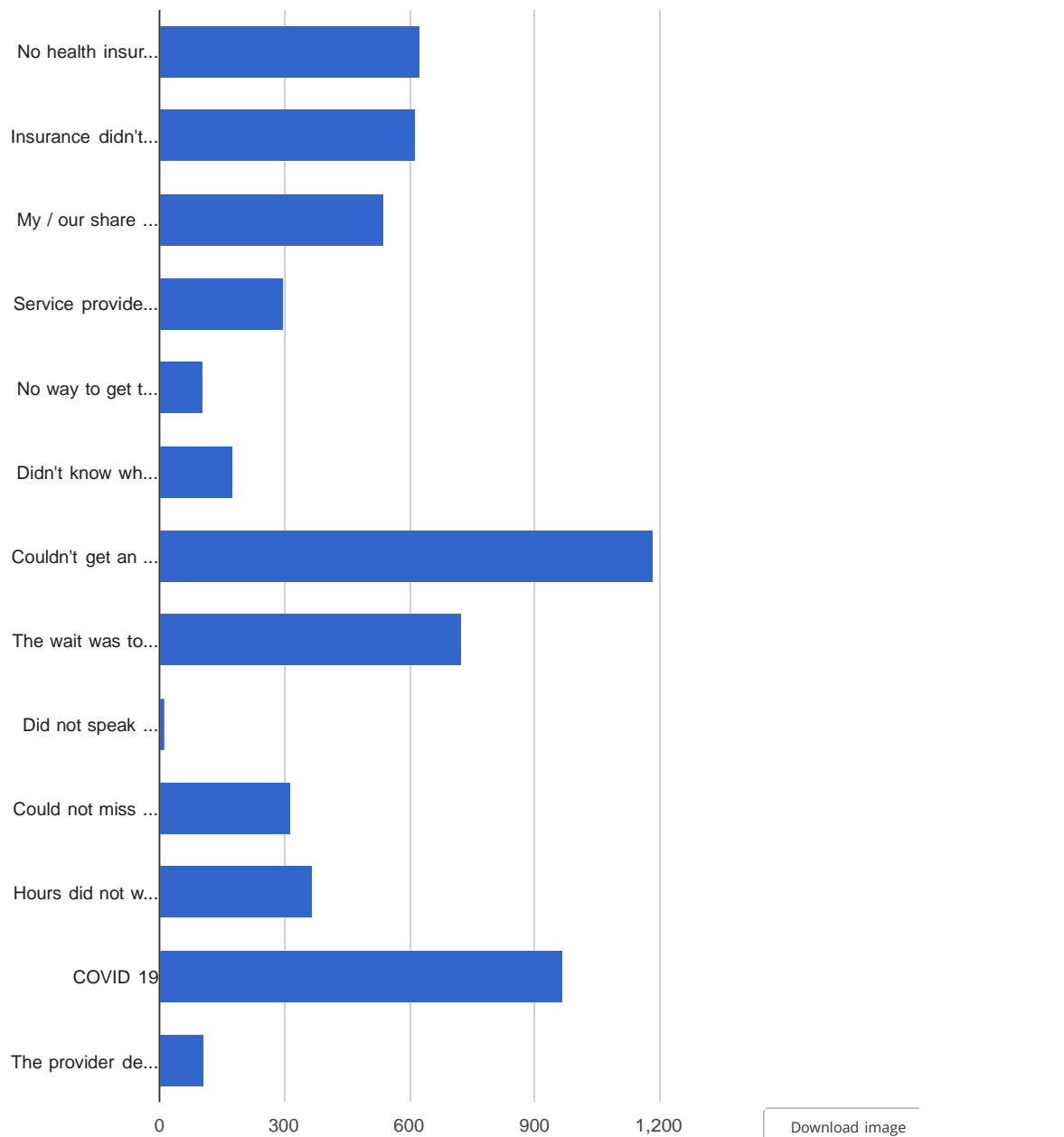
Other (healthcareprovider_other)

Total Count (N)	Missing *
9	913

Which of these problems prevented you from getting the necessary health care? (Please choose all that apply) (healthcarewhichproblems)

Total Count (N)	Missing *	Unique
189	733	12

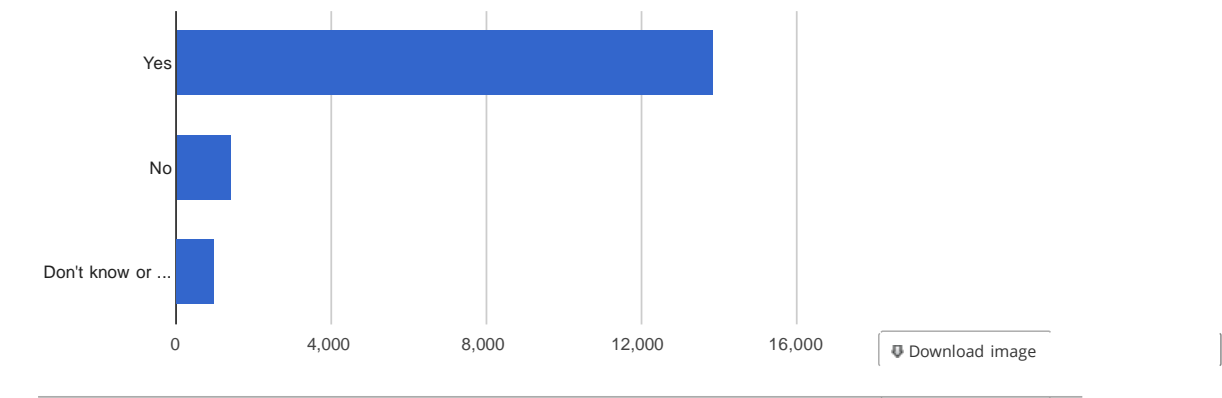
Counts/frequency: No health insurance (30, 15.9%), Insurance didn't cover what I / we needed. (33, 17.5%), My / our share of the cost (deductible / co-pay) was too high. (35, 18.5%), Service provider would not take my / our insurance or Medicaid. (14, 7.4%), No way to get there. (2, 1.1%), Didn't know where to go (7, 3.7%), Couldn't get an appointment (68, 36.0%), The wait was too long (41, 21.7%), Did not speak my language (0, 0.0%), Could not miss work to go (14, 7.4%), Hours did not work with my availability (28, 14.8%), COVID 19 (64, 33.9%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (5, 2.6%)



In a natural disaster (hurricane, flooding, tornado, etc.), do you feel like you know how to access or find the information you need to stay safe? (*naturaldisasteraccess*)

Total Count (N)	Missing*	Unique
920	2 (0.2%)	3

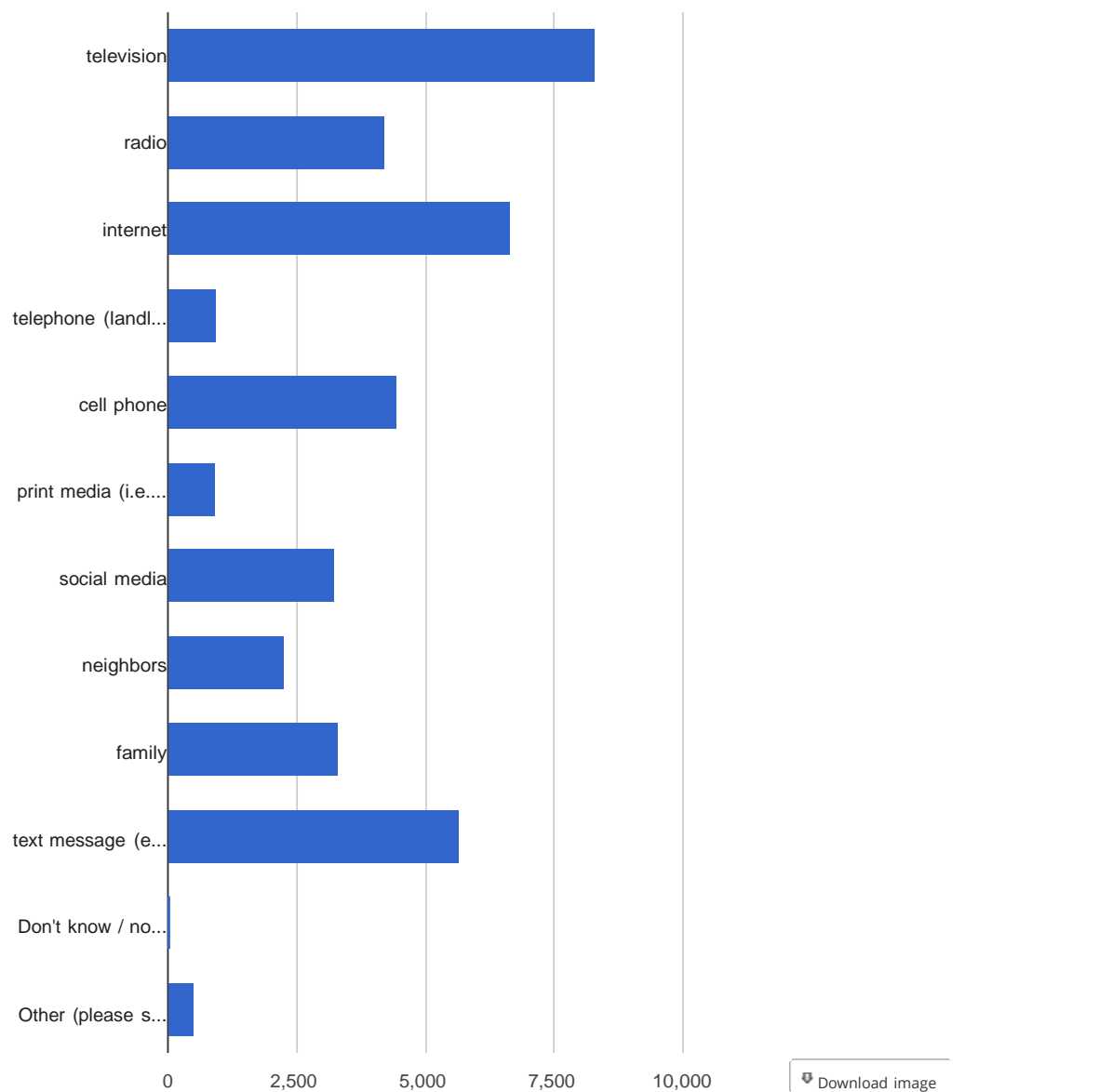
Counts/frequency: Yes (818, 88.9%), No (65, 7.1%), Don't know or not sure (37, 4.0%)



If so, where do you get your information to stay safe? *(naturaldisasterinfo)*

Total Count (N)	Missing *	Unique
819	103	12

Counts/frequency: television (590, 72.0%), radio (316, 38.6%), internet (498, 60.8%), telephone (landline) (43, 5.3%), cell phone (310, 37.9%), print media (i.e.. newspaper) (70, 8.5%), social media (260, 31.7%), neighbors (157, 19.2%), family (241, 29.4%), text message (emergency alert system) (358, 43.7%), Don't know / not sure (3, 0.4%), Other (please specify) (28, 3.4%)



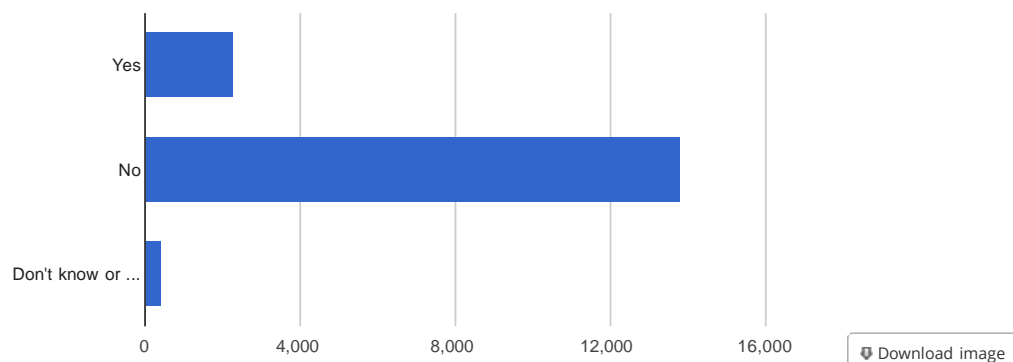
Other (natural_disaster_other)

Total Count (N)	Missing *
28	894

In the past 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (Please choose only one) (foodworried)

Total Count (N)	Missing *	Unique
921	1 (0.1%)	3

Counts/frequency: Yes (97, 10.5%), No (813, 88.3%), Don't know or not sure (11, 1.2%)


[Download image](#)

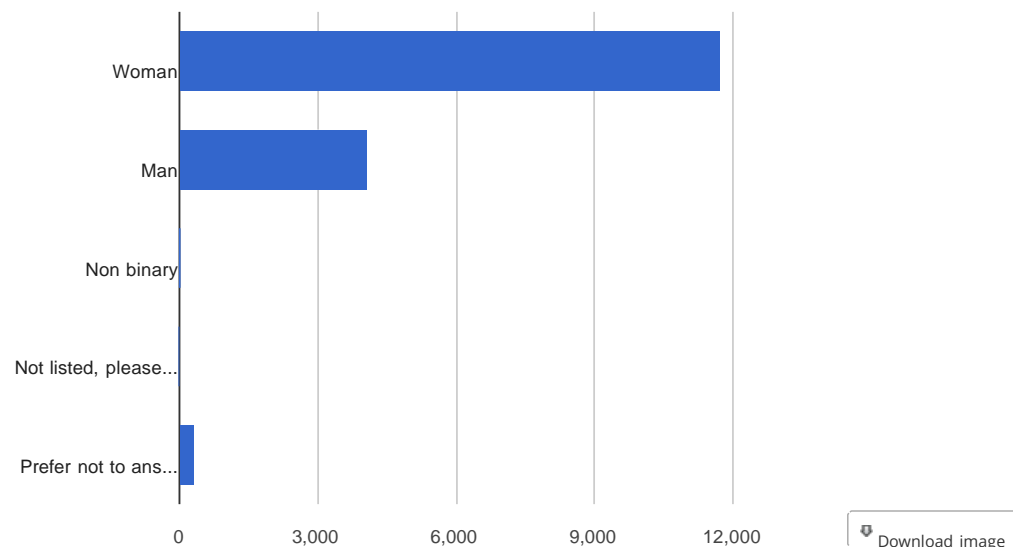
Is there anything else you would like for us to know about your community? *(anythingelse)*

Total Count (N)	Missing *
178	744

How would you describe yourself? *(gender)*

Total Count (N)	Missing *	Unique
914	8 (0.9%)	4

Counts/frequency: **Woman** (733, 80.2%), **Man** (160, 17.5%), **Non binary** (3, 0.3%), **Not listed, please share more:** (0, 0.0%), **Prefer not to answer** (18, 2.0%)


[Download image](#)

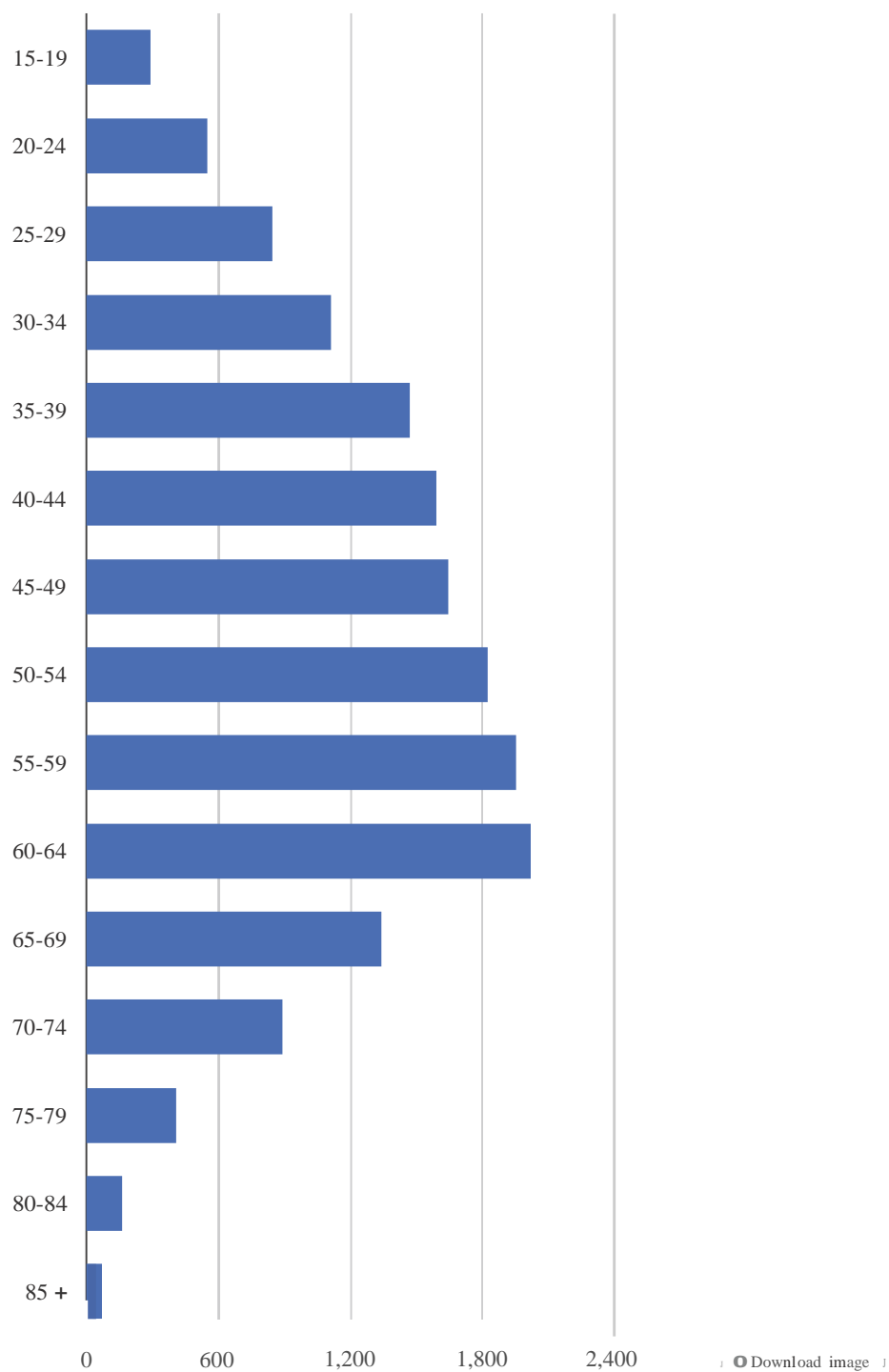
Please share more. *(gender_other)*

Total Count (N)	Missing *
0	922 (100.0%)

How old are you? *(age)*

Total Count (N)	Missing*	Unique
910	J.2...(Llli.)	14

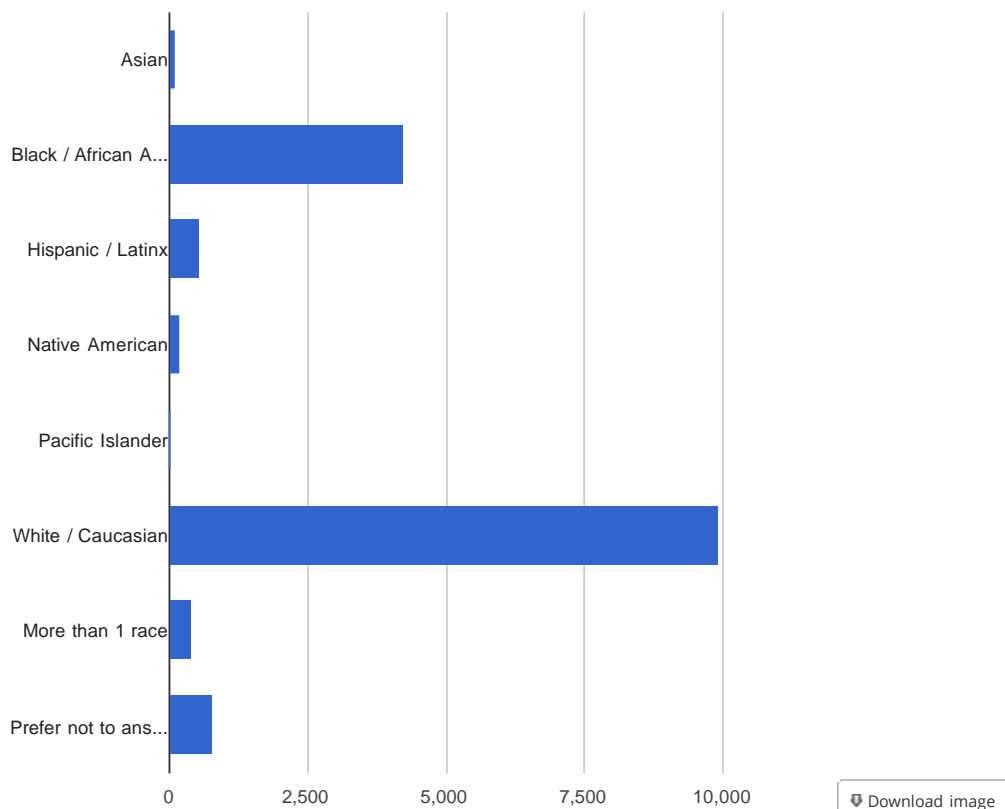
Counts/frequency:15-19 (12, 1.3%), 20-24 (25, 2.7%), 25-29 (57, 6.3%), 30-34 (85, 9.3%), 35-39 (102, 11.2%), 40-44 (102, 11.2%), 45-49 (98, 10.8%), 50-54 (131, 14.4%), 55-59 (109, 12.0%), 60-64 (95, 10.4%), 65-69 (52, 5.7%), 70-74 (28, 3.1%), 75-79 (12, 1.3%), 80-84 (2, 0.2%), 85 + (0, 0.0%)



How do you describe your race/ethnicity? *(raceethnicity)*

Total Count (N)	Missing*	Unique
914	IL(0.9%).	7

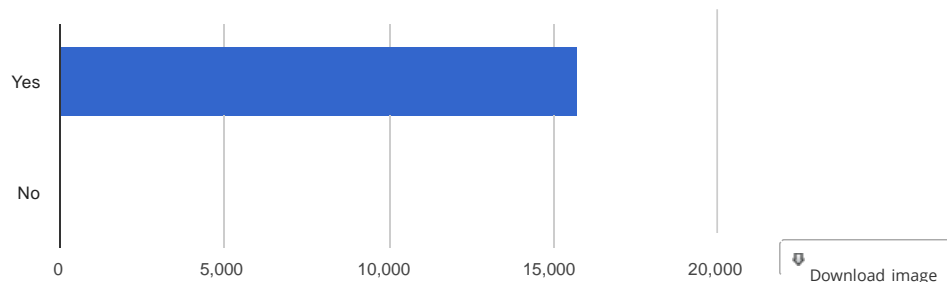
Counts/frequency: Asian (6, 0.7%), Black / African American (225, 24.6%), Hispanic / Latinx (27, 3.0%), Native American (5, 0.5%), Pacific Islander (0, 0.0%), White / Caucasian (557, 60.9%), More than 1 race (22, 2.4%), Prefer not to answer (72, 7.9%)



Is English the primary language spoken in your home? *(language)*

Total Count (N)	Missing *	Unique
905	17 (1.8%)	2

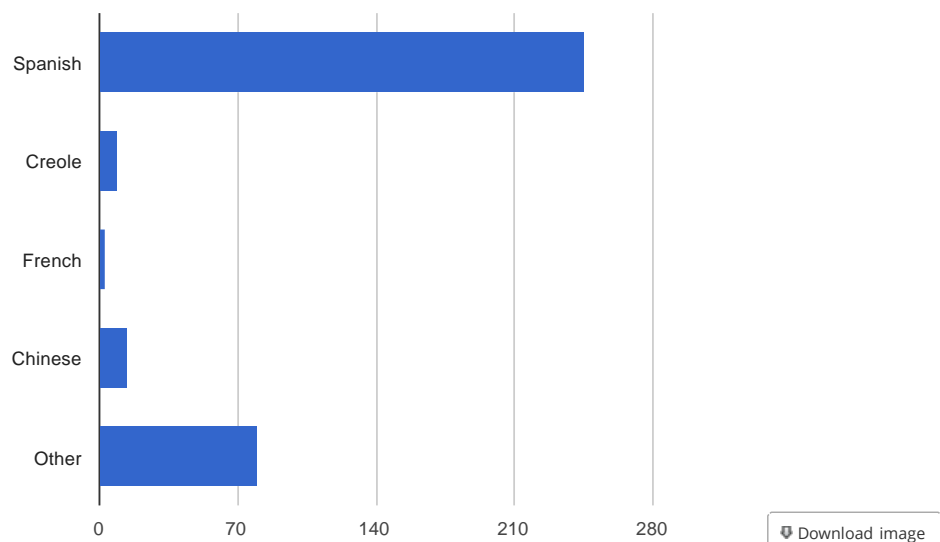
Counts/frequency: Yes (890, 98.3%), No (15, 1.7%)



If no, please share which primary language *(language)*

Total Count (N)	Missing *	Unique
13	909	3

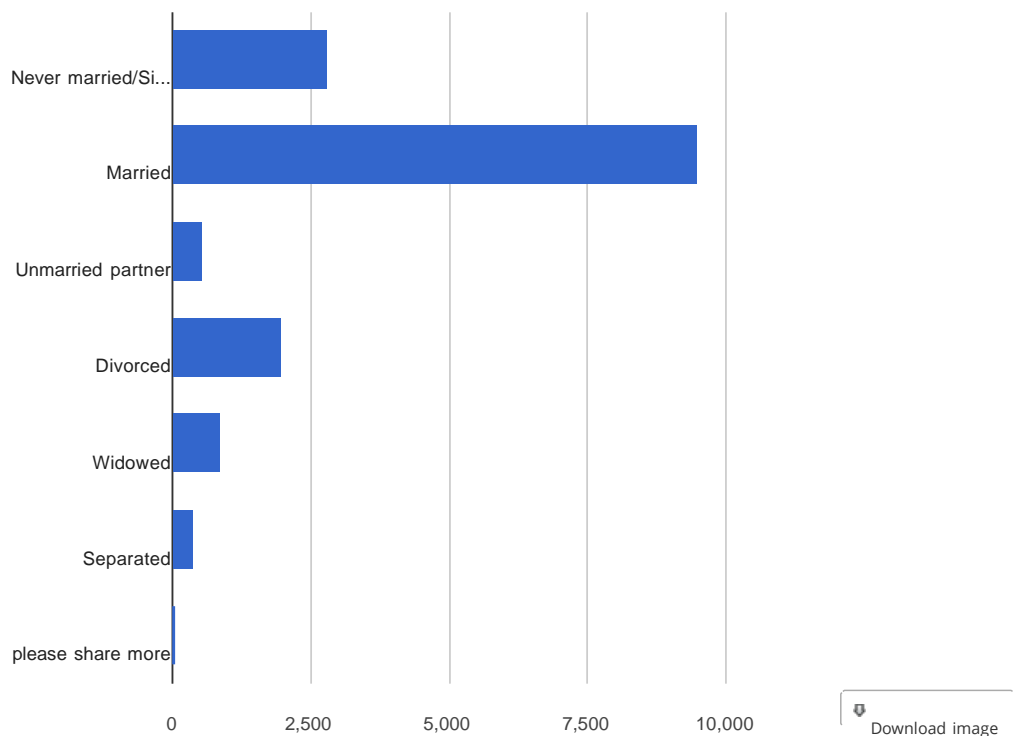
Counts/frequency: Spanish (10, 76.9%), Creole (0, 0.0%), French (0, 0.0%), Chinese (1, 7.7%), Other (2, 15.4%)



What is your marital status? (*marriagestatus*)

Total Count (N)	Missing *	Unique
907	15 (1.6%)	7

Counts/frequency: Never married/Single (163, 18.0%), Married (549, 60.5%), Unmarried partner (24, 2.6%), Divorced (109, 12.0%), Widowed (36, 4.0%), Separated (21, 2.3%), please share more (5, 0.6%)



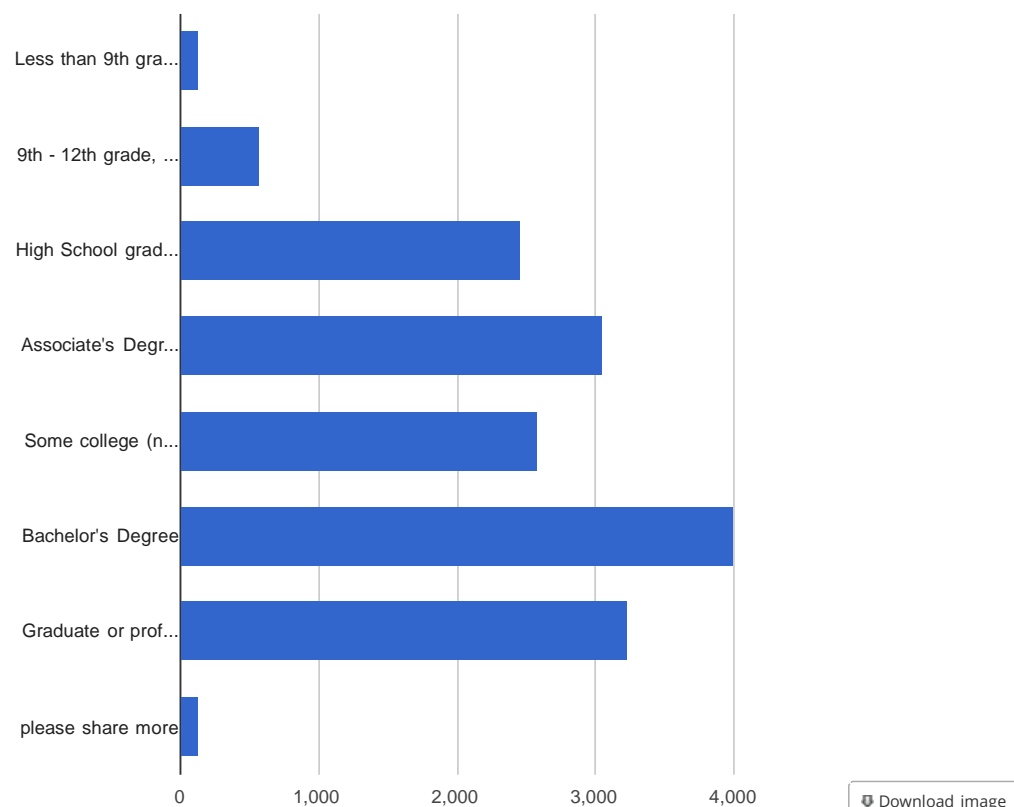
please share more. (*marital_other*)

Total Count (N)	Missing *
3	919

What is the highest level of education you have completed? *(education)*

Total Count (N)	Missing *	Unique
913	9 (1.0%)	8

Counts/frequency: Less than 9th grade (1, 0.1%), 9th - 12th grade, no diploma (14, 1.5%), High School graduate (or GED/equivalent) (50, 5.5%), Associate's Degree or Vocational Training (119, 13.0%), Some college (no degree) (74, 8.1%), Bachelor's Degree (294, 32.2%), Graduate or professional degree (356, 39.0%), please share more (5, 0.5%)



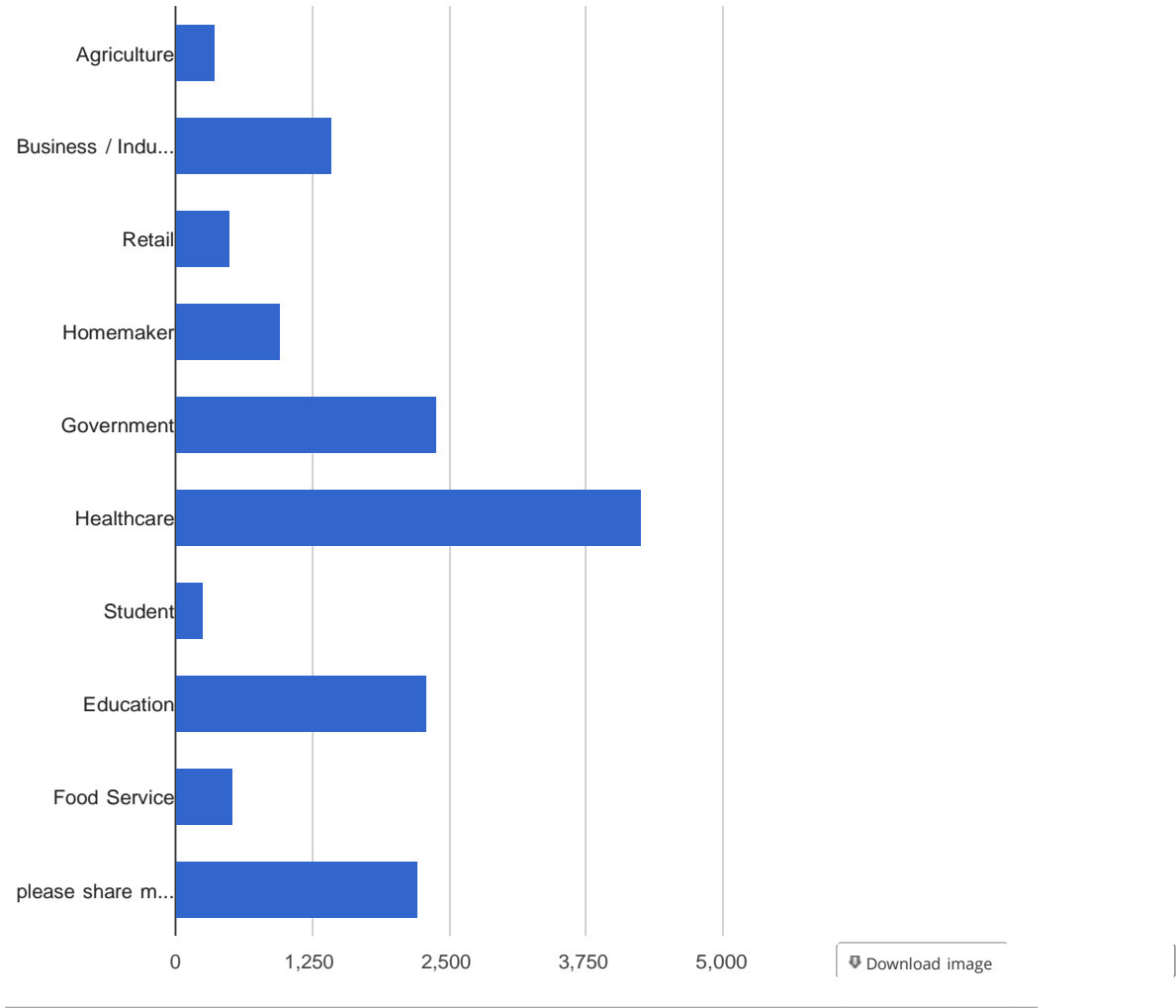
Please share more *(please_share_more)*

Total Count (N)	Missing *
4	918

How is your current job best described? *(job)*

Total Count (N)	Missing *	Unique
905	17 (1.8%)	10

Counts/frequency: Agriculture (7, 0.8%), Business / Industry (39, 4.3%), Retail (9, 1.0%), Homemaker (15, 1.7%), Government (162, 17.9%), Healthcare (233, 25.7%), Student (12, 1.3%), Education (318, 35.1%), Food Service (22, 2.4%), please share more (88, 9.7%)



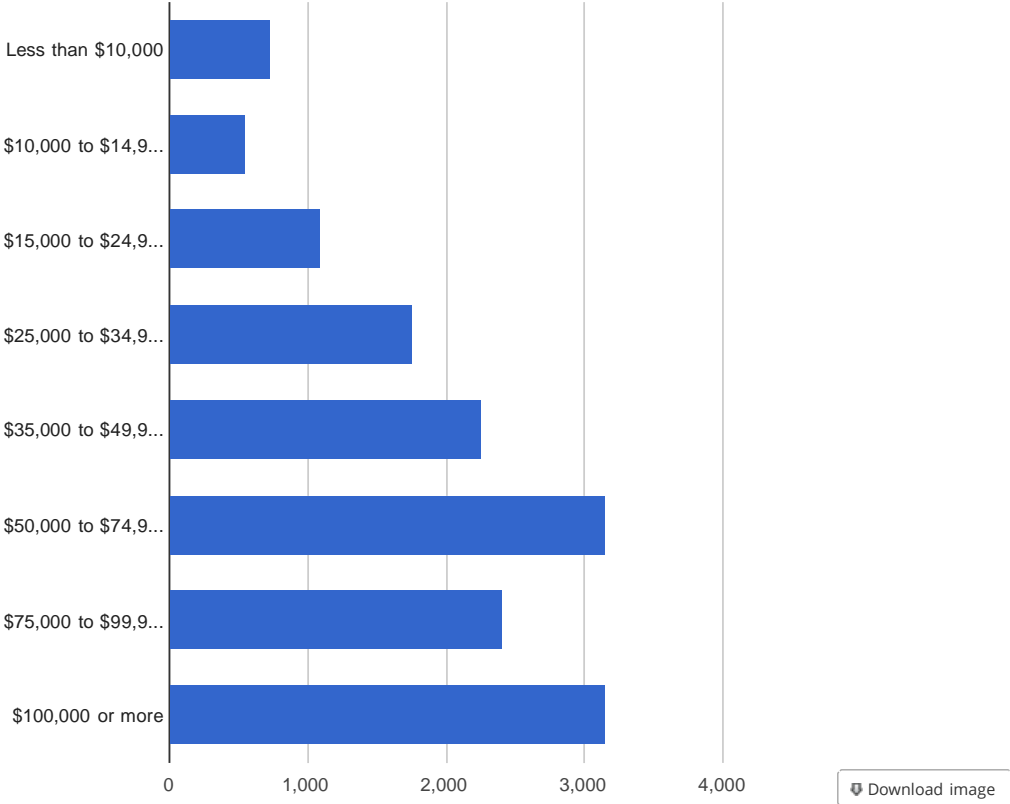
Please share more (job_other)

Total Count (N)	Missing *
85	837

What is your total household income? (income)

Total Count (N)	Missing *	Unique
884	38 (4.1%)	8

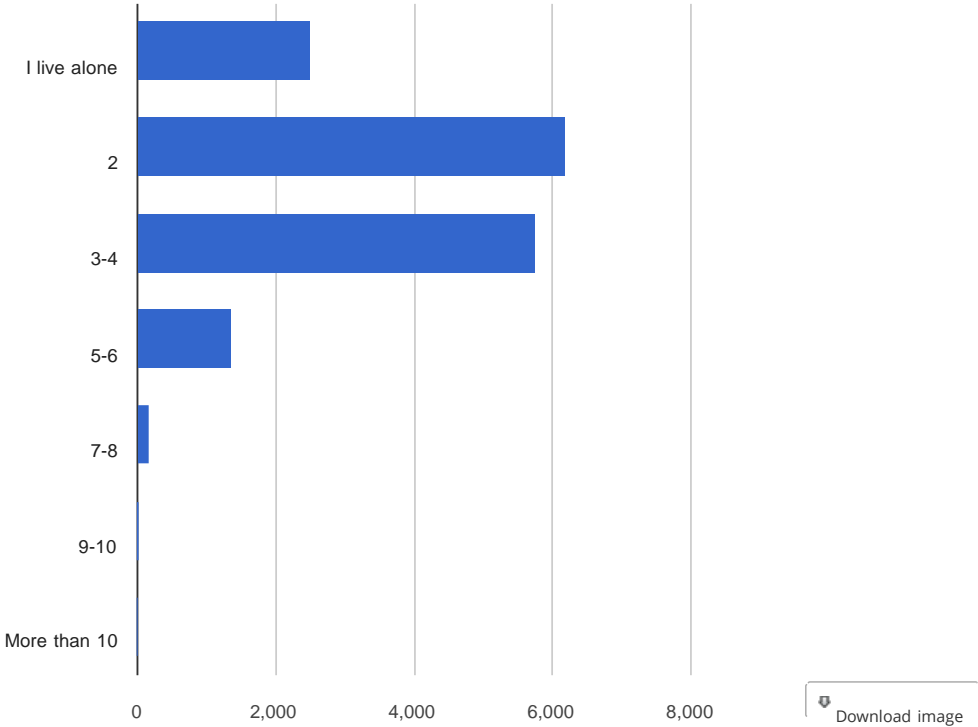
Counts/frequency: Less than \$10,000 (25, 2.8%), \$10,000 to \$14,999 (14, 1.6%), \$15,000 to \$24,999 (29, 3.3%), \$25,000 to \$34,999 (62, 7.0%), \$35,000 to \$49,999 (124, 14.0%), \$50,000 to \$74,999 (194, 21.9%), \$75,000 to \$99,999 (169, 19.1%), \$100,000 or more (267, 30.2%)



How many people live in your household? *(householdnumber)*

Total Count (N)	Missing *	Unique
910	12 (1.3%)	5

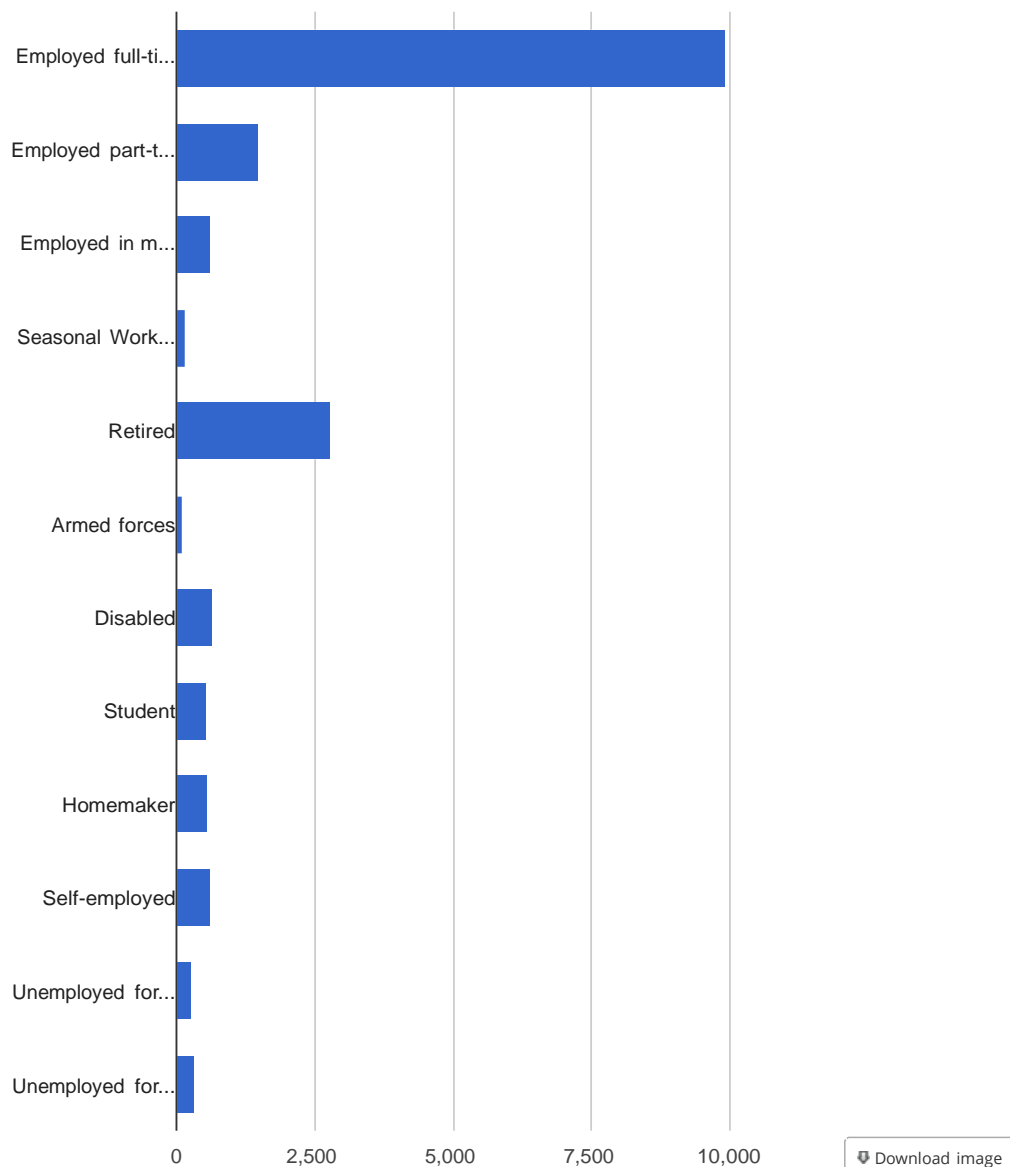
Counts/frequency: **1 live alone** (147, 16.2%), **2** (324, 35.6%), **3-4** (367, 40.3%), **5-6** (69, 7.6%), **7-8** (3, 0.3%), **9-10** (0, 0.0%), **More than 10** (0, 0.0%)



What is your employment status? Please check all that apply. *(employment)*

Total Count (N)	Missing *	Unique
913	9 (1.0%)	12

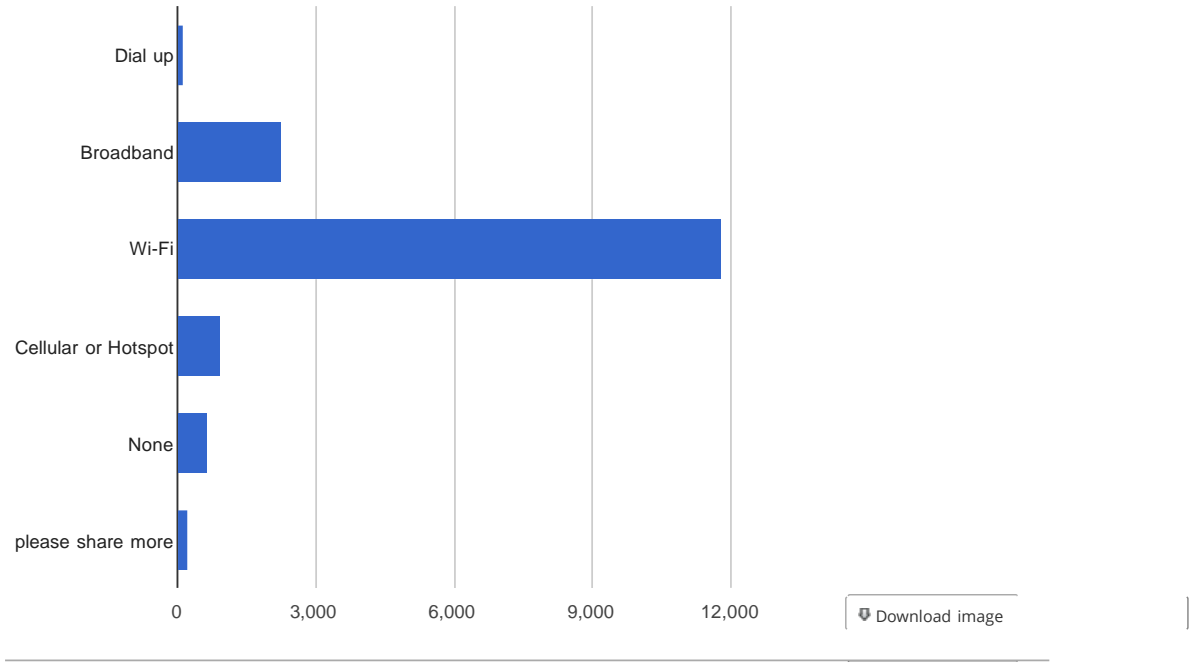
Counts/frequency: **Employed full-time** (733, 80.3%), **Employed part-time** (84, 9.2%), **Employed in multiple jobs** (39, 4.3%), **Seasonal Worker/Temporary** (7, 0.8%), **Retired** (80, 8.8%), **Armed forces** (1, 0.1%), **Disabled** (12, 1.3%), **Student** (30, 3.3%), **Homemaker** (12, 1.3%), **Self-employed** (25, 2.7%), **Unemployed for 1 year or less** (5, 0.5%), **Unemployed for more than 1 year** (12, 1.3%)



What type of internet access do you have at your home? *(internet_or_wi)*

Total Count (N)	Missing *	Unique
906	16 (1.7%)	6

Counts/frequency: **Dial up** (6, 0.7%), **Broadband** (147, 16.2%), **Wi-Fi** (697, 76.9%), **Cellular or Hotspot** (30, 3.3%), **None** (18, 2.0%), **please share more** (8, 0.9%)



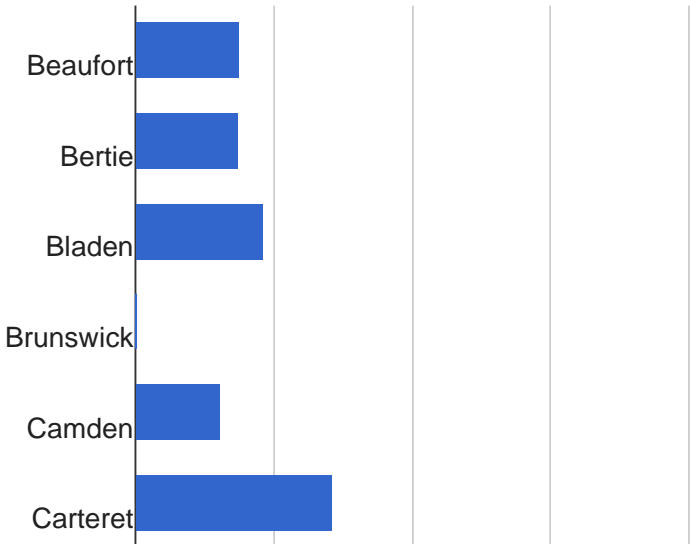
Other (internet_or_wi _other)

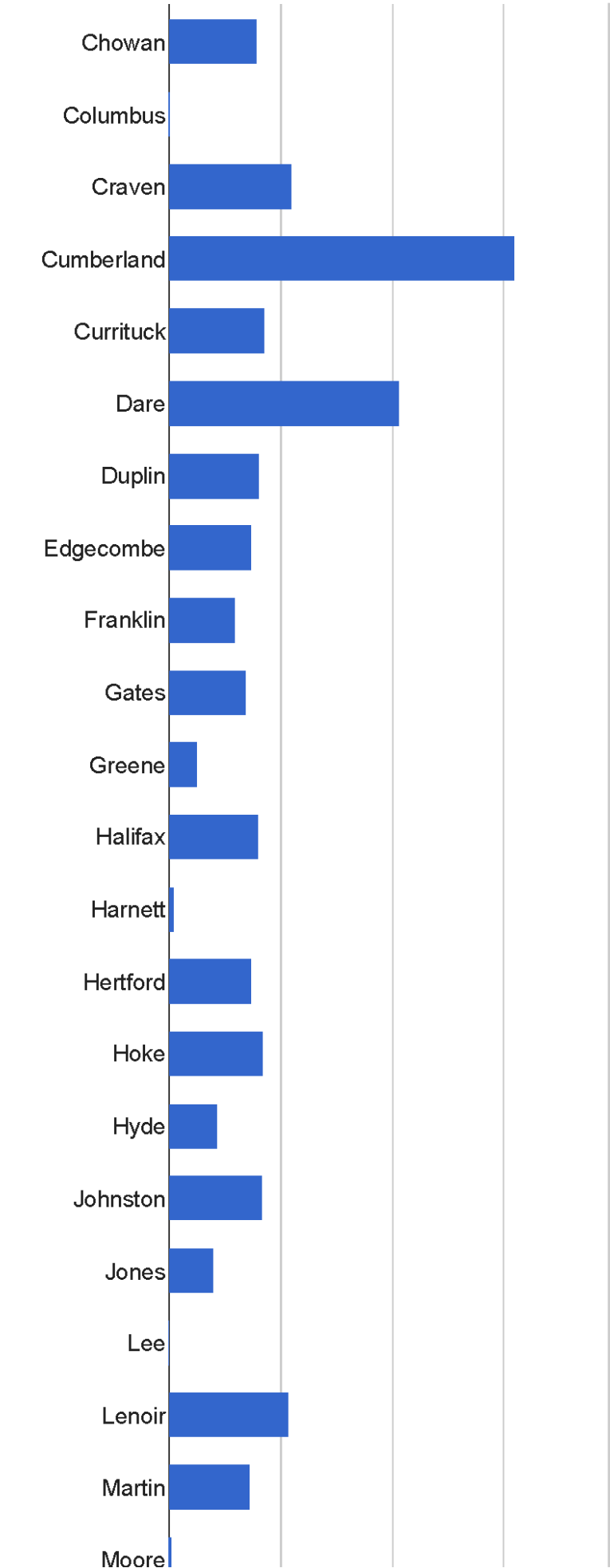
Total Count (N)	Missing *
7	915

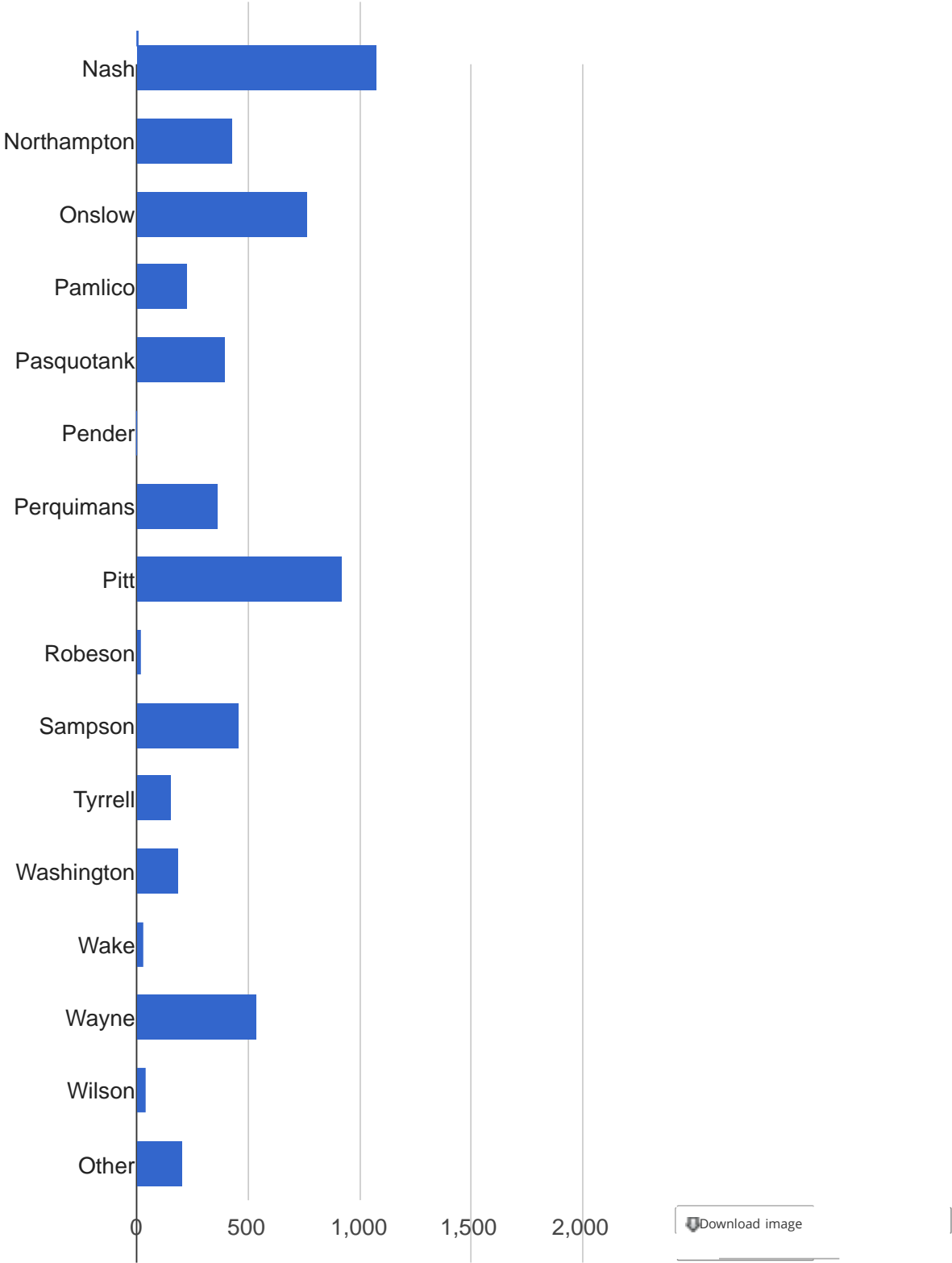
Which county do you live in? (county)

Total Count (N)	Missing *	Unique
922	0 (0.0%)	1

Counts/frequency: Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (0, 0.0%), Carteret (0, 0.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Craven (0, 0.0%), Cumberland (0, 0.0%), Currituck (0, 0.0%), Dare (0, 0.0%), Duplin (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (0, 0.0%), Harnett (0, 0.0%), Hertford (0, 0.0%), Hoke (0, 0.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (0, 0.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Pamlico (0, 0.0%), Pasquotank (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Pender (0, 0.0%), Pitt (922, 100.0%), Robeson (0, 0.0%), Sampson (0, 0.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wake (0, 0.0%), Wayne (0, 0.0%), Wilson (0, 0.0%), Other (0, 0.0%)







Other *(county_other)*

Total Count (N)	Missing *
0	922 (100.0%)

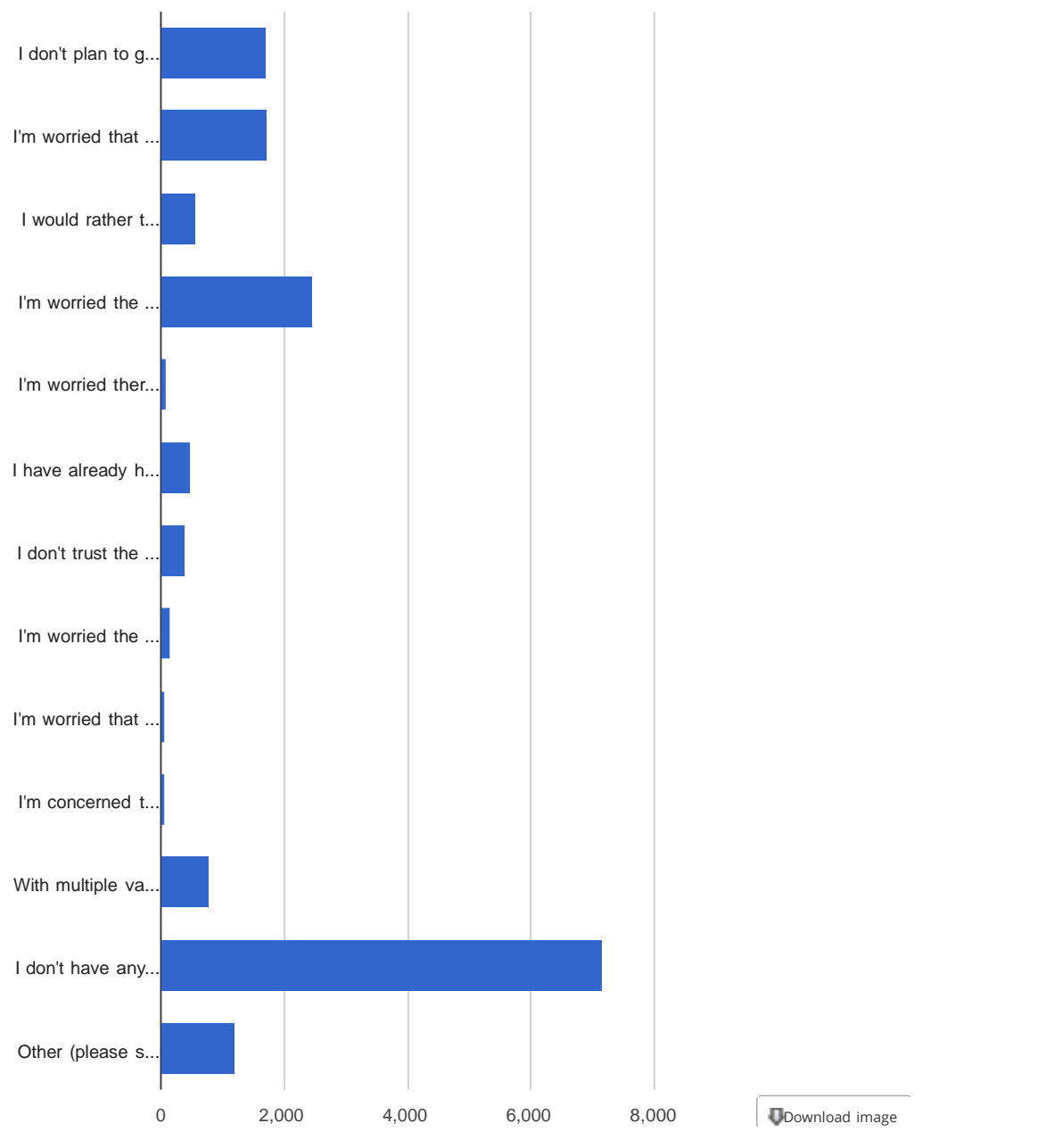
What is your 5 digit zip code? *(zip_code)*

Total Count (N)	Missing *
777	145

Which of the following concerns do you have, if any, about receiving a COVID-19 vaccine? (Please select all that apply) *(covidconcerns)*

Total Count (N)	Missing *	Unique
810	112	12

Counts/frequency: I don't plan to get a vaccine. (99, 12.2%), I'm worried that the COVID-19 vaccine isn't safe. (97, 12.0%), I would rather take the risk of getting sick with COVID-19. (40, 4.9%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (151, 18.6%), I'm worried there may be a cost associated with receiving the COVID-19 vaccine. (10, 1.2%), I have already had COVID-19 so I don't believe a vaccine is necessary. (35, 4.3%), I don't trust the distribution process of the COVID-19 vaccine. (24, 3.0%), I'm worried the COVID-19 vaccine has not been distributed fairly. (6, 0.7%), I'm worried that the location of the COVID-19 vaccine will be difficult to travel to. (4, 0.5%), I'm concerned that I won't have time to get the COVID-19 vaccine. (0, 0.0%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (46, 5.7%), I don't have any concerns about getting the COVID-19 vaccine. (519, 64.1%), Other (please specify) (77, 9.5%)



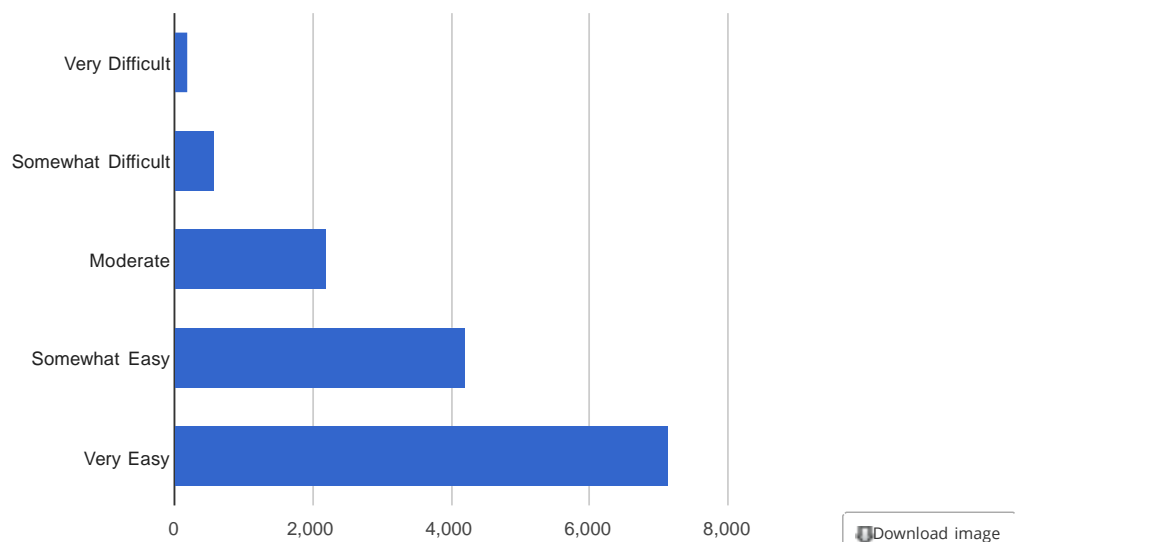
Other (*covid_concerns_other*)

Total Count (N)	Missing *
74	848

Find the information you need related to COVID-19? (*covideasy*)

Total Count (N)	Missing *	Unique
898	24 (2.6%)	5

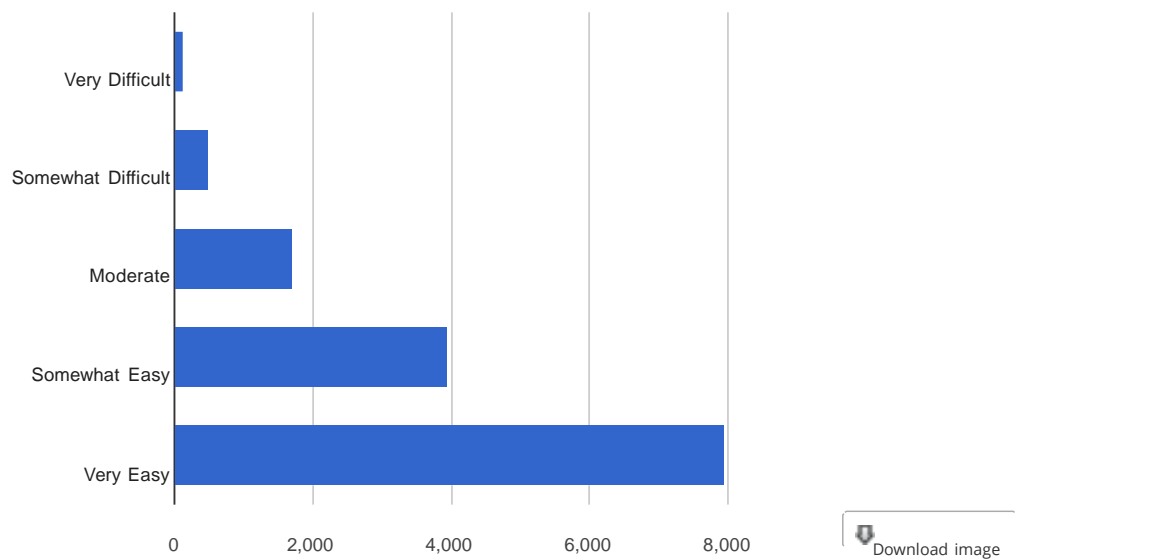
Counts/frequency: **Very Difficult** (14, 1.6%), **Somewhat Difficult** (39, 4.3%), **Moderate** (112, 12.5%), **Somewhat Easy** (250, 27.8%), **Very Easy** (483, 53.8%)



Find out where to go to get a COVID-19 vaccine? *(covidwhere)*

Total Count (N)	Missing*	Unique
891	31 (3.4%)	5

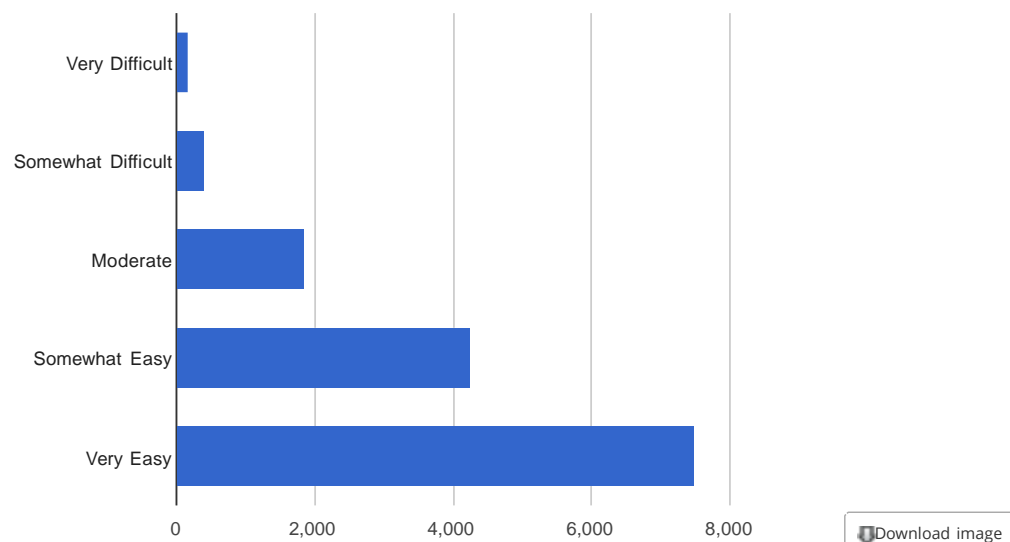
Counts/frequency: Very Difficult (6, 0.7%), Somewhat Difficult (14, 1.6%), Moderate (86, 9.7%), Somewhat Easy (236, 26.5%), Very Easy (549, 61.6%)



Understand information about what to do if you think you have COVID-19? *(covidunderstand)*

Total Count (N)	Missing*	Unique
887	35 (3.8%)	5

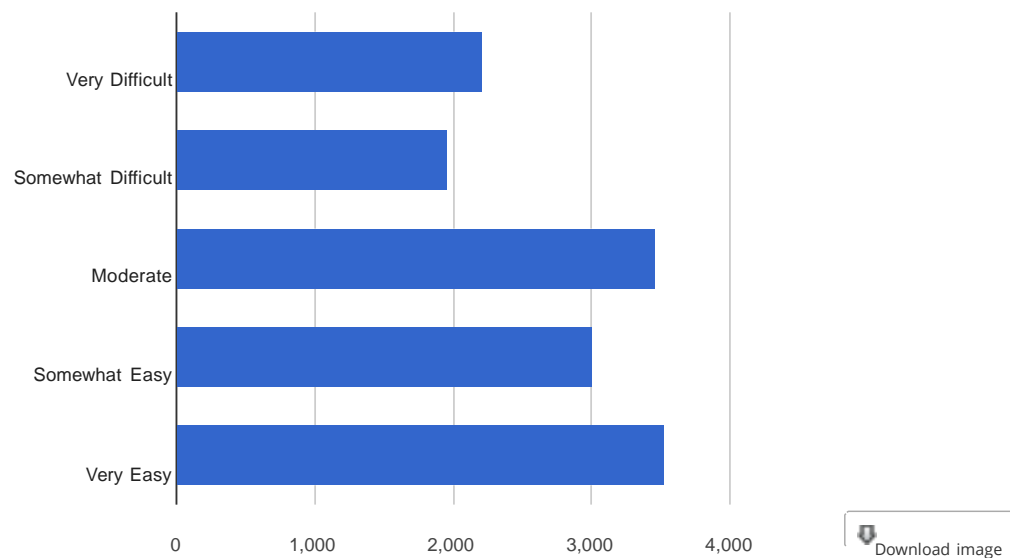
Counts/frequency: Very Difficult (8, 0.9%), Somewhat Difficult (20, 2.3%), Moderate (89, 10.0%), Somewhat Easy (263, 29.7%), Very Easy (507, 57.2%)



Trust if the information about COVID-19 in the media is reliable? *(covidtrust)*

Total Count (N)	Missing*	Unique
885	37 (4.0%)	5

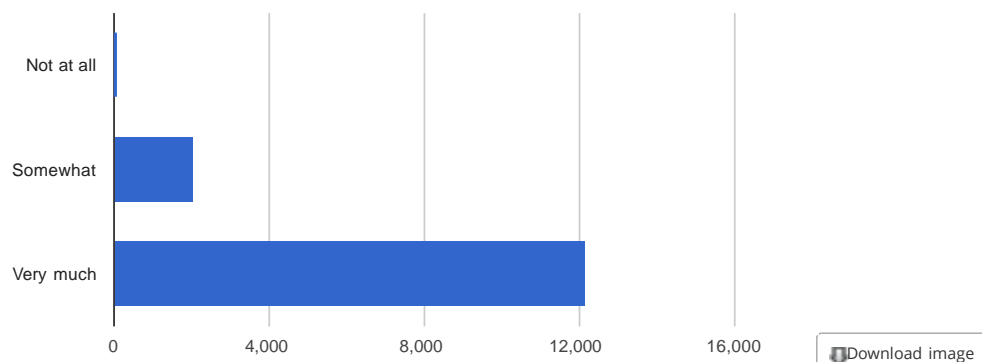
Counts/frequency: **Very Difficult** (124, 14.0%), **Somewhat Difficult** (119, 13.4%), **Moderate** (230, 26.0%), **Somewhat Easy** (176, 19.9%), **Very Easy** (236, 26.7%)



I know how to protect myself from coronavirus. *(covidprotect)*

Total Count (N)	Missing*	Unique
886	36 (3.9%)	3

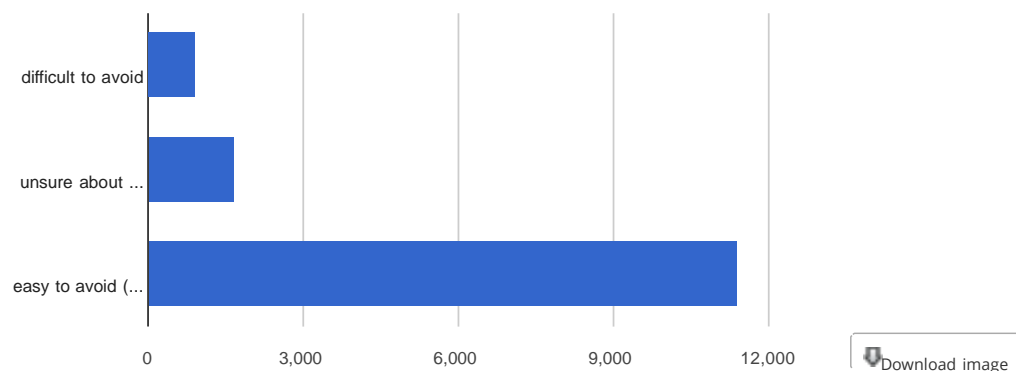
Counts/frequency: **Not at all** (3, 0.3%), **Somewhat** (95, 10.7%), **Very much** (788, 88.9%)



For me avoiding an infection with COVID-19 in the current situation is... *(covidavoid)*

Total Count (N)	Missing *	Unique
885	37 (4.0%)	3

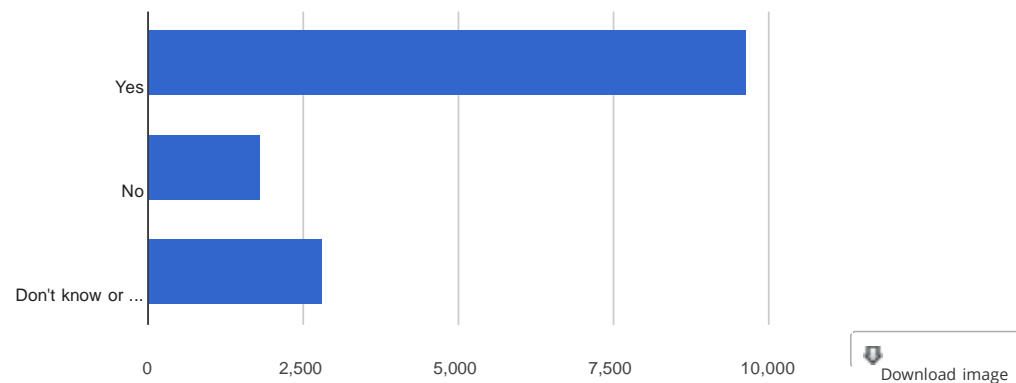
Counts/frequency: difficult to avoid (65, 7.3%), unsure about how to avoid (86, 9.7%), easy to avoid (I have no problem) (734, 82.9%)



Do you think that global warming is happening? *(warmingyesno)*

Total Count (N)	Missing *	Unique
890	32 (3.5%)	3

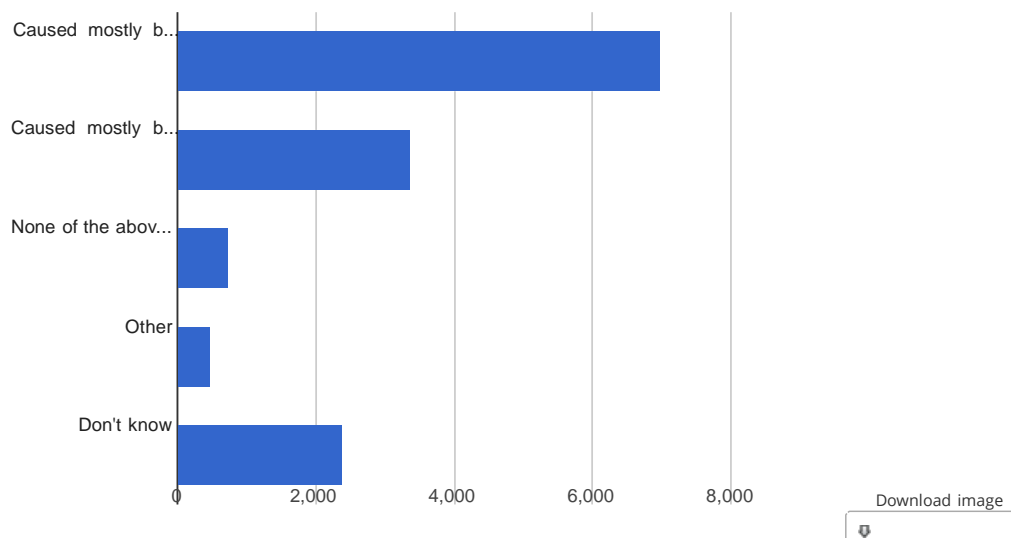
Counts/frequency: Yes (664, 74.6%), No (85, 9.6%), Don't know or unsure (141, 15.8%)



Assuming global warming is happening, do you think it is... ? *(warmingdoyouthink)*

Total Count (N)	Missing *	Unique
885	37 (4.0%)	5

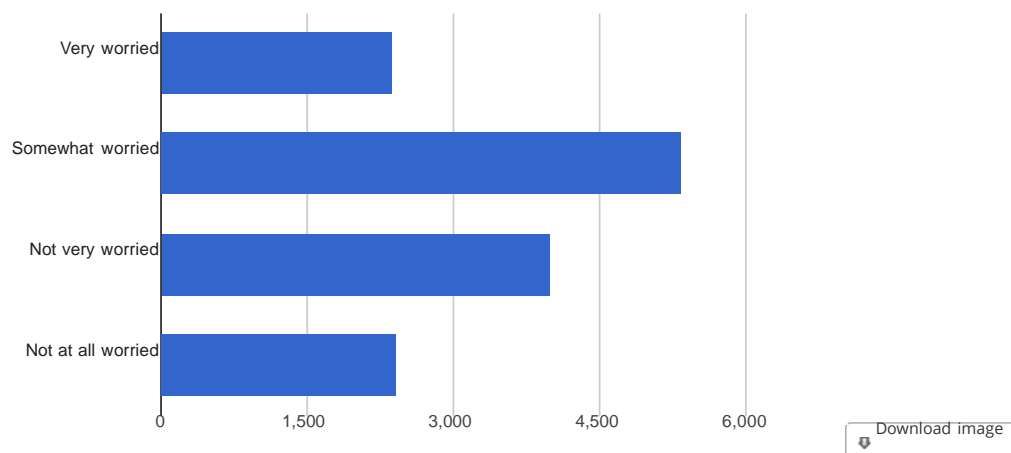
Counts/frequency: Caused mostly by human activities (508, 57.4%), Caused mostly by natural changes in the environment (161, 18.2%), None of the above because global warming isn't happening (43, 4.9%), Other (32, 3.6%), Don't know (141, 15.9%)



How worried are you about global warming? (warmingworried)

Total Count (N)	Missing *	Unique
879	43 (4.7%)	4

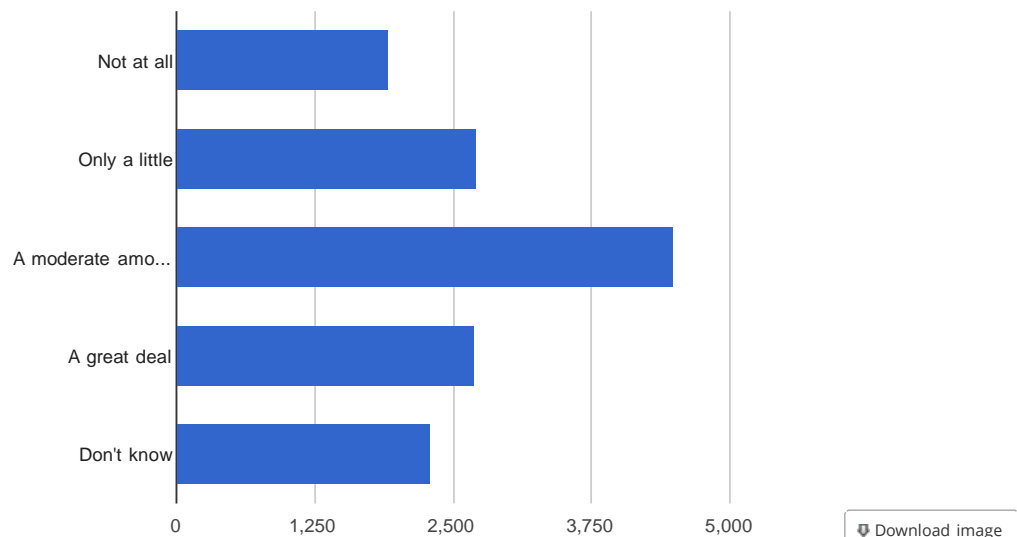
Counts/frequency: Very worried (167, 19.0%), Somewhat worried (355, 40.4%), Not very worried (227, 25.8%), Not at all worried (130, 14.8%)



How much do you think global warming will harm you personally? (warmingharm)

Total Count (N)	Missing *	Unique
877	45 (4.9%)	5

Counts/frequency: Not at all (103, 11.7%), Only a little (176, 20.1%), A moderate amount (305, 34.8%), A great deal (186, 21.2%), Don't know (107, 12.2%)

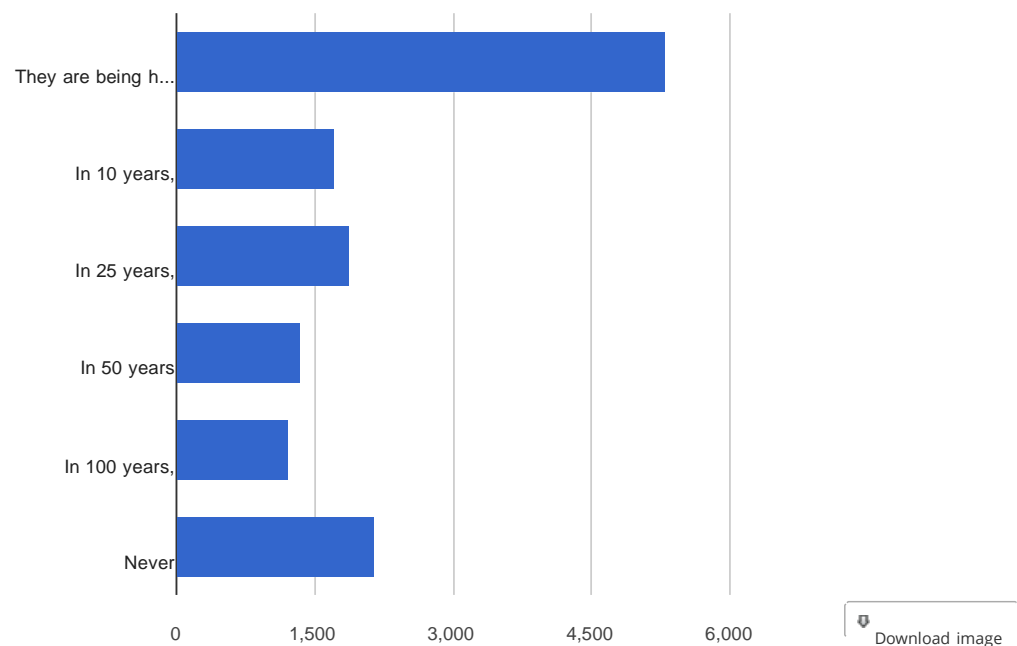


When do you think global warming will start to harm people in the United States?

(warmingwhenharm)

Total Count (N)	Missing *	Unique
850	72 (7.8%)	6

Counts/frequency: They are being harmed right now, (369, 43.4%), In 10 years, (101, 11.9%), In 25 years, (120, 14.1%), In 50 years, (87, 10.2%), In 100 years, (59, 6.9%), Never (114, 13.4%)

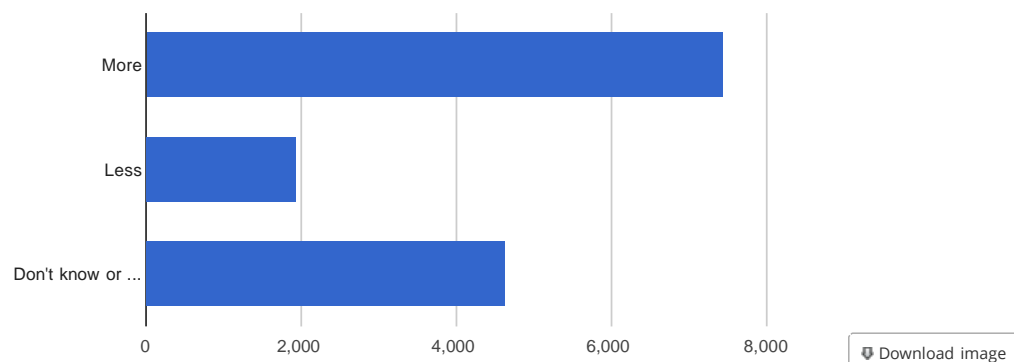


Do you think the government and politicians in your county should be doing more or less to address global warming?

(warminggovt)

Total Count (N)	Missing *	Unique
873	49 (5.3%)	3

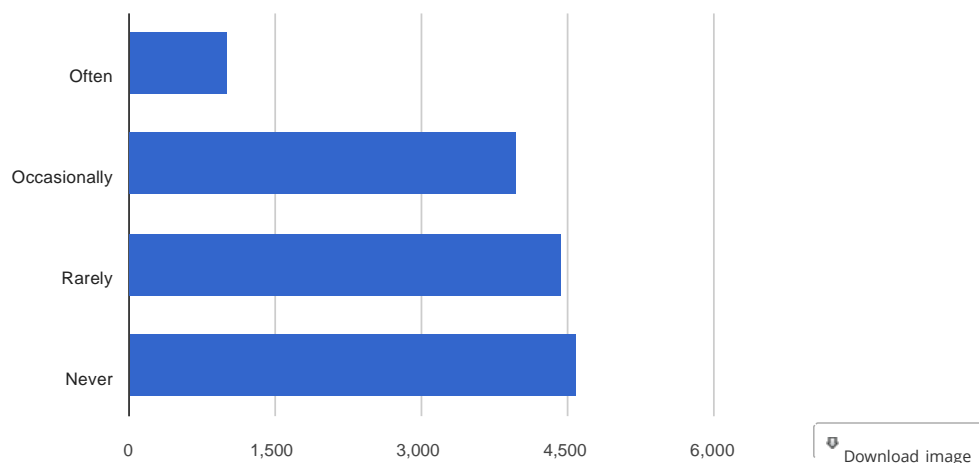
Counts/frequency: More (526, 60.3%), Less (102, 11.7%), Don't know or not sure (245, 28.1%)



How often do you discuss global warming with your friends and family? (*warmingfriends*)

Total Count (N)	Missing *	Unique
872	50 (5.4%)	4

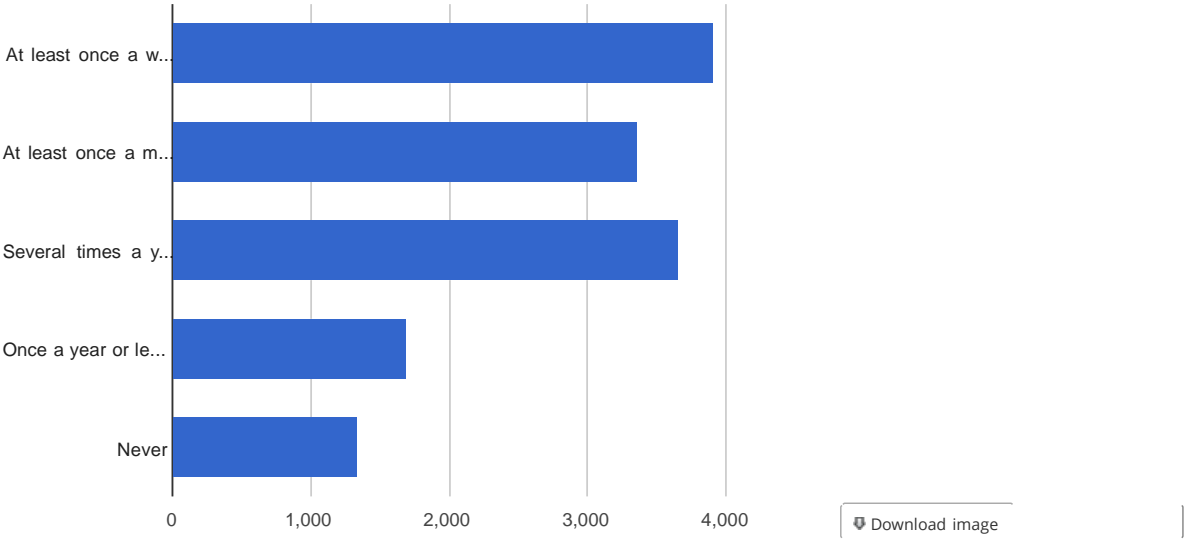
Counts/frequency: **Often** (78, 8.9%), **Occasionally** (268, 30.7%), **Rarely** (267, 30.6%), **Never** (259, 29.7%)



How often do you hear about global warming in the media? (*warmingmedia*)

Total Count (N)	Missing *	Unique
869	53 (5.7%)	5

Counts/frequency: **At least once a week** (235, 27.0%), **At least once a month** (243, 28.0%), **Several times a year** (237, 27.3%), **Once a year or less often** (90, 10.4%), **Never** (64, 7.4%)



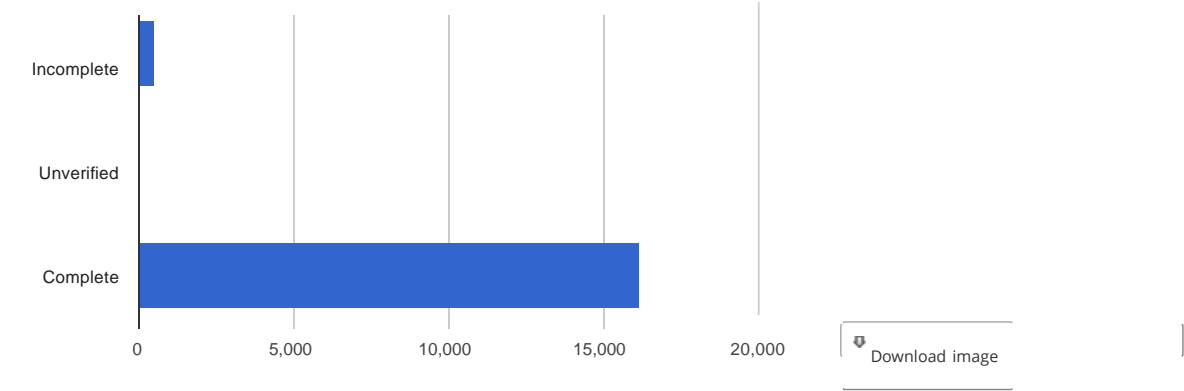
Thank you for your participation! Please feel free to include any additional comments in the box below. *(thankyou)*

Total Count (N)	Missing *
74	848

Complete? *(form_1_complete)*

Total Count (N)	Missing *	Unique
922	0 (0.0%)	2

Counts/frequency: **Incomplete** (35, 3.8%), **Unverified** (0, 0.0%), **Complete** (887, 96.2%)



* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined)

Appendix B

HNC 2030 County/State Data

Social and Economic Factors					
Health Indicator	Desired Result	Definition	Pitt County	North Carolina	HNC 2030 Target
Poverty*	All people in North Carolina are financially stable and have lifetime economic prosperity.	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	38.9% (2019)	31% (2020)	27.0%
Unemployment*	All people of working age in North Carolina have equitable pathway to fulfilling employment.	Percent of population aged 16 and older who are unemployed but seeking work	3.7% (2019)	6.4% (2020)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term Suspensions	All people in North Carolina are supported by a K-12 educational system that values diversity, equity, and inclusion for its students, faculty, staff, and communities.	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	DPI unable to provide update to SCHS	1.5 (2018-2019)	0.80
Incarceration**	North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.	Incarceration in North Carolina prisons per 100,000 population	355 (2020)	288 (2020)	150
Adverse Childhood Experiences	All children in North Carolina thrive in safe, stable, and nurturing environments.	Percent of children who have experienced two or more Adverse Childhood Experiences at or below 200% FPL	ACEs do not have county level data	20.9% (2019/2010)	18.0%
Third Grade Reading Proficiency	All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.	Percent of children reading at a proficient level or above based on third grade End of Grade exams: Proficiency defined as Level 3 or higher	DPI unable to provide update to SCHS	56.8% (2018-2019)	80.0%

Notes for social and economic factor data:

*Poverty and unemployment data come from American Community Survey – one-year estimates. 2020 ACS data are considered experimental and should not be compared to prior ACS data years. ACS data can only estimate county level data for a limited number of counties due to sample size, so 2019 data is reported here at the county level. ACS releases 5-year estimates in March 2022 that will be useful for comparisons going forward.

** Incarceration data should be age adjusted, but 2020 data set is considered experimental and does not include 13 and older population. Prior 2020, the rate is per 100,00 NC population age adjusted.

Physical Environment					
Health Indicator	Desired Result	Definition	Pitt County	North Carolina	HNC 2030 Target
Access to Exercise Opportunities	All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	72% (2019)	74% (2019)	92.0%
Limited Access to Healthy Food*	All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.	Percent of people who are low-income that are not near a grocery store	3% (2015)	7% (2015)	5.0%
Food Insecurity**			16% (2018)	14% (2018)	(No target)
Severe Housing Problems	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	21% (2013-2017)	15% (2013-2017)	14.0%

Notes for Physical Environment data:

* The U.S. Department of Agriculture last updated this measure in 2015.

** Food insecurity added to HNC 2030 because the data are updated annually (with a two-year delay in reporting).

Health Behaviors					
Health Indicator	Desired Result	Definition	Pitt County	North Carolina	HNC 2030 Target
Drug Overdose Deaths	All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.	Number of persons who die because of drug poisoning per 100,000 population (unintentional poisoning deaths/overdose deaths)	39.20 (2020)	32.50 (2020)	18.0
Tobacco Use*	All people in North Carolina live in communities that support tobacco-free/e-cigarette-free lifestyles	Percentage of high school students reporting current use of any tobacco product		MS: 10.4% (2019)	9.0%
		Percentage of adults reporting current use of any tobacco product	24.8% (2020)	HS: 27.3% (2019) 22.6% (2020)	9.0% 15.0%
Excessive Drinking*	All North Carolina communities support safe and responsible use of alcohol.	Percent of adults reporting binge or heavy drinking	17.3% (2020)	15.6% (2020)	12.0%

Sugar-Sweetened Beverage Consumption*	All people in North Carolina live in communities that support healthy food and beverage choices.	Percent of youth reporting consumption of one or more sugar-sweetened beverages per day	DPI unable to provide update to SCHS	30.1 % (2019)	17.0%
		Percent of adults reporting consumption of one or more sugar-sweetened beverages per day	39.5% (2019)	35.4% (2019)	20.0%
HIV Diagnosis	All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.	Number of new HIV diagnoses per 100,000 population	13.5 (2020)	12.0 (2020)	6.0
Teen Births	All people in North Carolina live in communities support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.	Number of births to girls aged 15-19 per 1,000 population	13.2 (2019)	18.2 (2019)	10.0

Notes for Health Behaviors data:

*Adult Tobacco Use, Adult Sugar-Sweetened Beverage Consumption, and Excessive Drinking data are only available as regional data from the Behavioral Risk Factor Surveillance System.

*BRFSS Data for Adult Smoking, Adult Sugar Sweetened Beverage Consumption, and Excessive Drinking are reported for the LHD Region, and is not county level data.

Note: HIV Diagnosis *2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

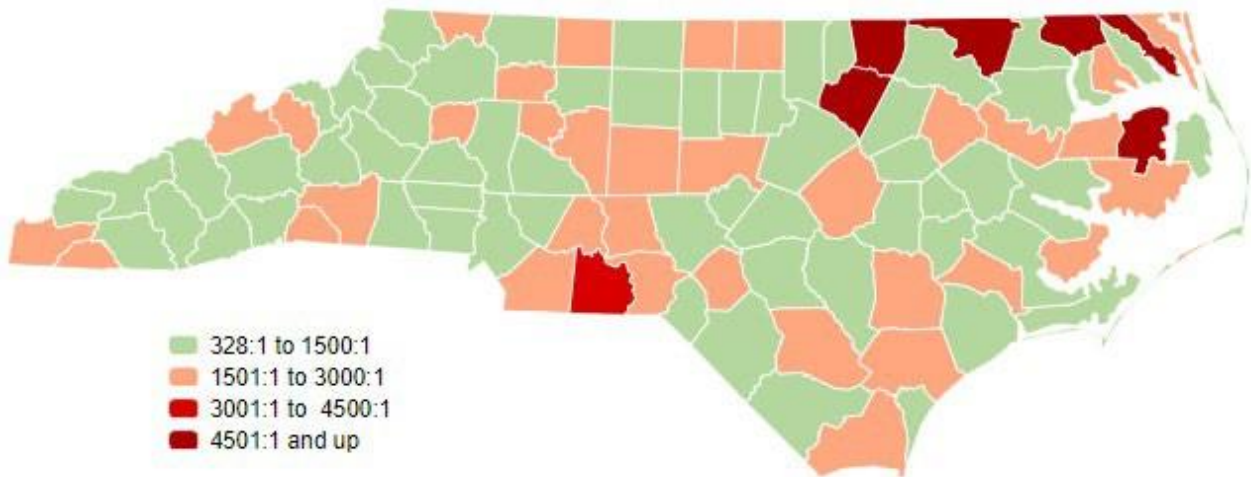
Health Outcomes					
Health Indicator	Desired Result	Definition	Pitt County	North Carolina	HNC 2030 Target
Infant Mortality	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	15.5 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	3.40 (2016-2020)	2.59 (2016-2020)	Black/White disparity ratio = 1.5
Life Expectancy (years)	All people in North Carolina have long and healthy lives.	Average number of years of life remaining for persons who have attained a given age	77.6 (2020)	76.4 (2020)	82.0

Notes on Health Outcomes:

*Disparity ratio – Rates based on less than 10 deaths are unreliable and should be interpreted with caution. Source: NC Department of Health & Human Services State Center for Health Statistics, 29NOV2021. See table on website for more information.

<https://schs.dph.ncdhhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html>

Clinical Care					
Health Indicator	Desired Result	Definition	Pitt County	North Carolina	HNC 2030 Target
Uninsured	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health insurance.	Population under age 65 without insurance	10.5% (2019)	12.9% (2020)	8.0%
Early Prenatal Care	All birthing people have healthy pregnancies and maternal birth outcomes.	Percentage of women who receive pregnancy-related health care services during the first trimester of pregnancy	82.1% (2020)	73.1% (2020)	80.0%
Suicide	All people in North Carolina live in communities that foster and support positive mental health.	Age-adjusted number of deaths attributable to self-harm per 100,000 population	14.9 (2020)	13.3 (2020)	11.1
Primary Care Clinicians (Counties at or below 1:1500 providers to population)	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health care.	Primary care workforce as a ration of the number of full- time equivalent primary care clinicians to county population (primary care provider to population ratio)	See map below		25% decrease for counties above 1:1500 provider to population



Appendix C

County Data Tables (Spring 2021)

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Table 1. Population Estimate, Pitt County, North Carolina, and United States (2019)					
Pitt County		North Carolina		United States	
180,742		10,488,084		328,239,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	7.5%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/pittcountynorthcarolina/RHI825219					

Table 2. Age Distribution, Pitt County and North Carolina (2019)		
Age Group	Pitt County (%)	North Carolina (%)
Persons under 5 years	5.7%	5.8%
Persons under 18 years	21.2%	21.9%
Persons 65 years and over	13.9%	16.7%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/pittcountynorthcarolina/RHI825219		

Table 3. Age Distribution by Age Group, Pitt County (2015-2019)		
Age Group	Estimate	Percent
Total population	17,8433	100%
Under 5 years	10,377	5.8%
5 to 9 years	10,662	6.0%
10 to 14 years	10,981	6.2%
15 to 19 years	14,908	8.4%
20 to 24 years	23,058	12.9%
25 to 34 years	25,549	13.8%
35 to 44 years	21,007	11.8%
45 to 54 years	20,058	11.2%
55 to 59 years	9,973	5.6%
60 to 64 years	10,001	5.6%
65 to 74 years	13,697	7.7%
75 to 84 years	7,160	4.0%
85 years and over	2,002	1.1%
Median age (years)	32.5	
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Data are based on a sample and are subject to sampling variability. Table ID: DP05 https://data.census.gov/cedsci/table?q=DP05&g=0500000US37147&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false		

Table 4. Population Distribution by Gender, Pitt County and North Carolina (2019)		
Gender	Pitt (Percent)	North Carolina (Percent)
Female	53.1%	51.4%
Male	46.9%	48.6%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones). https://www.census.gov/quickfacts/fact/table/pittcountynorthcarolina/RHI825219		

Table 5. Veterans, Pitt County (2015-2019)		
	Number	Percent of population 18 years and older
Veterans	11,042	7.9%
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2101 https://data.census.gov/cedsci/table?text=veteran%20status&g=05000000US37147&tid=ACSS T5Y2019.S2101&moe=false&hidePreview=true		

Table 6. Race/Ethnicity, Pitt County and North Carolina (2015-2019)				
Race	Pitt County		North Carolina	
	Number	Percent	Number	Percent
White	102,087	57.2%	7,049,919	68.7%
Black or African American	61,924	34.7%	2,200,761	21.4%
American Indian and Alaska Native	591	0.3%	123,952	1.2%
Asian	3,116	1.7%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	102	0.1%	7,213	0.1%
Hispanic or Latino (of any race)	11,168	6.3%	962,665	9.4%
Some other race	5,947	3.3%	316,763	3.1%
Two or more races	4,666	2.6%	273,276	2.7%
Total	178,433		10,264,876	
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: DP05 https://data.census.gov/cedsci/table?text=DP05&g=05000000US37147&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false				

Table 7. Hispanic or Latino Origin and Race, Pitt County and North Carolina (2015-2019)

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Pitt County	54.4%	34.4%	0.3%	1.7%	0.1%	0.3%	2.5%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: DP05

<https://data.census.gov/cedsci/table?text=DP05&g=0500000US37147&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

Table 8. Limited English-Speaking Households, Pitt County (2015-2019)

All households	69,799	100%
Limited English-speaking households	1,063 ± 240	1.5%
Households Speaking:	Number	Percent
Spanish	3,183 ± 296	4.6%
Other Indo-European languages	772 ± 175	1.1%
Asian and Pacific Island languages	992 ± 214	1.4%
Other languages	283 ± 171	0.4%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S1602

<https://data.census.gov/cedsci/table?q=S1602&g=0500000US37147&tid=ACSST5Y2019.S1602&hidePreview=true>

Table 9. Educational Attainment Population 25+ years, Pitt County and North Carolina (2015-2019)

	Pitt County	North Carolina
High School Graduate or Higher	89.3%	87.8%
Less than 9 th Grade	3.2%	4.5%
High School, No Diploma	7.6%	7.7%
High School Graduate or Equivalency	23.8%	25.7%
Some College, No Degree	21.0%	21.2%
Associate Degree	11.8%	9.7%
Bachelor's Degree	20.4%	20.0%
Graduate or Professional Degree	12.2%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S1501

<https://data.census.gov/cedsci/table?q=S1501&g=0500000US37147&tid=ACSST5Y2019.S1501&hidePreview=true>

Table 10. SAT scores for Pitt County Public Schools with State and National Scores (2016-2019)

	SAT Scores			
	2019	2018	2017	2016
Pitt County	1,042	1,054	1,011	961
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

Source: North Carolina School Report Cards
<https://ncreports.ondemand.sas.com/src/?county=Pitt>

Table 11. ACT Scores for Pitt County Public Schools and North Carolina (2016-2019)

	ACT Proficiency			
	2019	2018	2017	2016
Pitt County	51.9%	50.5%	53.1%	44.0%
North Carolina	55.8%	57.9%	58.8%	59.9%

Source: North Carolina School Report Cards
<https://ncreports.ondemand.sas.com/src/?county=Pitt>

Table 12. Income per Household in the Past 12 Months (Inflation-Adjusted Dollars), Pitt County and North Carolina (2015-2019)

Income Level	Pitt County	North Carolina
Below \$10,000	10.1%	6.4%
\$10,000-\$14,999	6.2%	5.0%
\$15,000-\$24,999	11.5%	10.3%
\$25,000-\$34,999	9.9%	10.3%
\$35,000-\$49,999	13.8%	13.9%
\$50,000-\$74,999	17.7%	18.0%
\$75,000-\$99,999	10.6%	12.4%
\$100,000-\$149,999	12.3%	13.1%
\$150,000-\$199,999	4.5%	5.1%
\$200,000 or more	3.5%	5.4%
Median household income	\$47,437	\$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S1901

<https://data.census.gov/cedsci/table?q=income&g=05000000US37147&tid=ACSST5Y2019.S1901&moe=false&hidePreview=true>

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Pitt County and North Carolina (2015-2019)

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Pitt County	30.4%	26.7%	36.7%	13.5%	10.7%	9.7%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S1701
<https://data.census.gov/cedsci/table?q=Pitt%20county%20north%20carolina%20poverty%20status&tid=ACST5Y2019.S1701&hidePreview=true&moe=false>

Table 14. Means of Transportation to Work by Age, Pitt County (2015-2019)

Label	Estimate
Total:	83,463
Car, truck, or van:	76,673
Drove alone	68,882
Carpooled:	7,791
In 2-person carpool	6,398
In 3-person carpool	989
In 4-person carpool	329
In 5- or 6-person carpool	40
In 7-or-more-person carpool	35
Public transportation (excluding taxicab):	1,048
Bus	1,043
Subway or elevated rail	0
Long-distance train or commuter rail	0
Light rail, streetcar, or trolley (carro público in Puerto Rico)	5
Ferryboat	0
Taxicab	64
Motorcycle	76
Bicycle	180
Walked	1,034
Other means	467
Worked from home	3,921

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: B08301
<https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37147&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true>

Table 15. Financial Characteristics for Housing Units with a Mortgage in Pitt County (2015-2019)		
	Pitt County, North Carolina	
	Owner-occupied housing units with a mortgage	% owner-occupied housing units with a mortgage
Owner-Occupied Housing Units with a Mortgage	24,853	5,963
Less than \$50,000	1,297	5.2%
\$50,000 to \$99,999	4,623	18.6%
\$100,000 to \$299,999	15,932	64.1%
\$300,000 to \$499,999	2,496	10.0%
\$500,000 to \$749,999	241	1.0%
\$750,000 to \$999,999	170	0.7%
\$1,000,000 or more	94	0.4%
Median (dollars)	\$157,500	\$96,400
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	3,444	13.9%
Second mortgage only	696	2.8%
Home equity loan only	2,748	11.1%
Both second mortgage and home equity loan	53	0.2%
No second mortgage and no home equity loan	21,356	85.9%
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	423	1.7%
\$10,000 to \$24,999	1,593	6.4%
\$25,000 to \$34,999	1,523	6.1%
\$35,000 to \$49,999	2,545	10.2%
\$50,000 to \$74,999	4,819	19.4%
\$75,000 to \$99,999	4,022	16.2%
\$100,000 to \$149,999	5,678	22.8%
\$150,000 or more	4,250	17.1%
Median household income (dollars)	\$84,066	\$84,066
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2506 https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=05000000US37147&tid=ACST5Y2019.S2506&moe=false&hidePreview=true		

Table 16. Financial Characteristics for Housing Units without a Mortgage in Pitt County (2015-2019)

	Pitt County, North Carolina	
	Owner-occupied housing units without a mortgage	% owner-occupied housing units without a mortgage
Owner-Occupied Housing Units with a Mortgage	11,525	11,525
Less than \$50,000	2,535	22.0%
\$50,000 to \$99,999	2,552	22.1%
\$100,000 to \$199,999	3,873	33.6%
\$200,000 to \$299,999	1,529	13.3%
\$300,000 to \$499,999	718	6.2%
\$500,000 to \$749,999	268	2.3%
\$750,000 to 999,999	26	0.2%
\$1,000,000 or more	24	0.2%
Median (dollars)	\$117,500	\$117,500
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	581	5.0%
\$10,000 to \$24,999	1,836	15.9%
\$25,000 to \$34,999	1,297	11.3%
\$35,000 to \$49,999	1,750	15.2%
\$50,000 to \$74,999	2,360	20.5%
\$75,000 to \$99,999	1,514	13.1%
\$100,000 to \$149,999	1,349	11.7%
\$150,000 or more	838	7.3%
Median household income (dollars)	52,339	52,339
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2507		
https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=05000000US37147&tid=ACST5Y2019.S2507&moe=false&hidePreview=true		

Table 17. Live Births, Pitt County and North Carolina (2018)

County/State	Total Births	Total Rate	White-non-Hispanic number	White non-Hispanic rate	Black, non-Hispanic number	Black non-Hispanic rate	Hispanic number	Hispanic rate
Pitt County	2,085	11.6	852	8.6	940	14.5	221	19.4
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Pitt.html>**Table 18. Live Births by Sex, Pitt County (2018)**

County/State	Total	Total Rate	White, Non-Hispanic	White, Non-Hispanic rate	Black, non-Hispanic	Black, non-Hispanic rate	Hispanic	Hispanic rate
Male	1,061	5.9	452	4.6	468	7.2	114	10.0
Females	1,024	5.7	400	4.0	472	7.3	107	9.4

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Pitt.html>**Table 19. Low Birth Weight, Pitt County and North Carolina (2019)**

		Non-Hispanic											
		Total		Total		White		Black		Other		Hispanic	
County of Residence	Birth Weight	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
North Carolina	Low	55,413	9.2	48,847	9.6	25,047	7.6	20,450	14.2	3,350	9.4	6,566	7.2
	Very Low	10,222	1.7	9,080	1.8	4,011	1.2	4,591	3.2	478	1.3	1,142	1.3
Pitt County	Low	1,072	10.3	1,012	10.7	323	6.9	664	14.6	25	8.2	60	6.3
	Very Low	249	2.4	241	2.5	54	1.2	184	4.1	3	1.0	8	0.8

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html>**Table 20. Fetal Death Rates per 1,000 Deliveries, Pitt County and North Carolina (2014-2018)**

	Total Fetal Deaths	Total Fetal Death Rate	White Non-Hispanic Fetal Deaths	White Non-Hispanic Fetal Death Rate	Af. Am. Non-Hispanic Fetal Deaths	Af. Am. Non-Hispanic Fetal Death Rate	Other Non-Hispanic Fetal Deaths	Other Non-Hispanic Fetal Death Rate	Hispanic Fetal Deaths	Hispanic Fetal Death Rate
North Carolina	4,166	6.9	1,764	5.3	1,682	11.6	194	5.4	526	5.7
Pitt	98	9.3	26	5.6	60	13.0	1	*	11	*

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf>

Table 21. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Pitt County and North Carolina (2012-2016)

County	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,457	161.8	35,584	115.9	277,277	481.9
Pitt	295	35.7	520	62.4	680	148.5	406	105.1	3,657	438.0

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>**Table 22. Neonatal (<28 Days) Death Rates, Pitt County and North Carolina (2014-2018)**

	Total neonate deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. Non-Hispanic neonatal deaths	Af. Am. Non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
North Carolina	2,865	4.8	1,092	3.3	1,247	8.7	160	4.5	366	4.0
Pitt	72	6.9	14	*	48	10.6	3	*	7	*

Prepared by N.C. DHHS State Center for Health Statistics

Note: rates based on small numbers (fewer than 20 cases) are unstable and are not reported"

<https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf>

Table 23. Age-Adjusted Death Rates, Pitt County (2014-2018)

	White, non- Hispanic		African American, non- Hispanic		American Indian, non- Hispanic		Other Races, non- Hispanic		Hispanic		Male		Female		Overall	
Cause of Death:	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	3,955	712.1	2,310	898.3	3	N/A	31	304.6	90	348.1	3,232	943.8	3,157	634.8	6,389	762.8
Diseases of Heart	897	157.0	457	176.5	0	N/A	7	N/A	10	N/A	749	224.4	622	121.4	1,371	162.7
Acute Myocardial Infarction	216	37.9	84	35.5	0	N/A	2	N/A	3	N/A	178	53.9	127	25.0	305	36.5
Other Ischemic Heart Disease	306	52.7	149	56.0	0	N/A	2	N/A	3	N/A	276	81.9	184	35.3	460	53.4
Cerebrovascular Disease	227	40.2	174	75.3	1	N/A	1	N/A	3	N/A	168	52.9	238	47.4	406	50.2
Cancer	830	147.0	485	176.9	0	N/A	4	N/A	17	N/A	726	202.1	610	123.2	1,336	153.8
Colon, Rectum, and Anus	54	10.0	55	20.0	0	N/A	0	N/A	0	N/A	60	16.0	49	10.0	109	12.6
Pancreas	53	9.8	39	14.4	0	N/A	0	N/A	3	N/A	48	12.5	47	10.0	95	11.2
Trachea, Bronchus, and Lung	224	39.3	86	30.9	0	N/A	0	N/A	1	N/A	202	55.3	109	22.3	311	35.7
Breast	55	17.1	54	30.7	0	N/A	0	N/A	2	N/A	0	N/A	111	21.7	111	21.7
Prostate	40	18.6	21	26.9	0	N/A	1	N/A	0	N/A	62	20.3	0	N/A	62	20.3
Diabetes Mellitus	116	20.7	108	41.5	0	N/A	1	N/A	2	N/A	122	33.4	105	20.9	227	26.4
Pneumonia and Influenza	66	12.1	22	9.0	0	N/A	0	N/A	1	N/A	38	11.8	51	10.2	89	11.1
Chronic Lower Respiratory Diseases	227	40.1	62	25.1	1	N/A	4	N/A	0	N/A	150	45.8	144	29.2	294	35.2
Chronic Liver Disease and Cirrhosis	58	10.8	26	8.1	0	N/A	0	N/A	2	N/A	46	11.1	40	8.6	86	9.7
Septicemia	67	12.2	58	23.7	0	N/A	0	N/A	3	N/A	65	20.9	63	12.8	128	15.7
Nephritis, Nephrotic Syndrome, and Nephrosis	30	5.2	54	20.6	0	N/A	1	N/A	0	N/A	47	13.5	38	7.5	85	9.8
Unintentional Motor Vehicle Injuries	54	10.5	48	14.6	0	N/A	1	N/A	13	N/A	78	20.4	38	7.7	116	13.2
All Other Unintentional Injuries	249	48.5	75	28.0	0	N/A	0	N/A	4	N/A	183	49.1	145	31.2	328	39.6
Suicide	75	15.3	13	N/A	0	N/A	3	N/A	5	N/A	67	17.1	29	6.3	96	11.2
Homicide	12	N/A	40	12.7	0	N/A	0	N/A	2	N/A	39	9.5	15	N/A	54	6.3
Alzheimer's disease	186	32.9	79	40.7	0	N/A	1	N/A	1	N/A	77	28.6	190	36.5	267	34.2
Acquired Immune Deficiency Syndrome	2	N/A	9	N/A	0	N/A	0	N/A	1	N/A	7	N/A	5	N/A	12	N/A

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf>

Table 24. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by Residence at Time of Diagnosis Pitt County (2018-2020)

	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
County	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar
Pitt	490	624	498	164	189	163	4	6	2	5	5	4

Source: North Carolina Division of Health and Human Services Communicable Disease Branch

<https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>

Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents, Pitt County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Pitt County	67	37.2	328	37.0	39.6
North Carolina	4,478	43.1	19,576	38.6	37.0

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html>

Table 26. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Pitt County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Pitt County	22	12.2	116	13.1	13.2
North Carolina	1,591	15.3	7,553	14.9	14.5

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html>

Table 27. Crime Rate per 100,000 persons, Pitt County and North Carolina (2018)

County/State	Violent crime rate				Property crime rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Pitt County	417.2				2,333.5		

Source: N.C. Bureau of Investigation

‘-’ indicates missing data for full 12-month period for over 50 percent of the county population for 2017 and 2018

<http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>

Table 28. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Pitt County and North Carolina (2015-2019)

County of Residence	Total Deaths	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	18.25	18.80
Pitt County	147	16.58	17.60

Source: N.C. State Center for Health Statistics. (2015-2019). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths.

Table 29. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019)

Race/Ethnicity	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
White, non-Hispanic	1,667	6,668,532	25.00	26.60
Black, non-Hispanic	349	2,320,112	15.04	15.20
American Indian, non-Hispanic	55	124,642	44.13	47.10
Other, non-Hispanic	15	348,968	4.30	3.90
Hispanic	62	1,025,830	6.04	6.50
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.

Table 30. Poisoning Mortality Rates by Sex 2019 per 100,000 North Carolina Resident Deaths (2019)

Gender	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
Male	1,485	5,100,264	29.12	30.00
Female	663	5,387,820	12.31	12.70
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.

Image 1. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Awareness: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional (CDC calculated variable)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	1,674	35.1	33.5-36.8	2,592	64.9	63.2-66.5
Medicaid Region 6	503	159	31.9	27.3-36.9	344	68.1	63.1-72.7
GENDER							
Male	233	75	30.5	23.9-37.9	158	69.5	62.1-76.1
Female	270	84	33.3	27.1-40.0	186	66.7	60.0-72.9
RACE							
Non-Hispanic White	313	96	29.2	23.9-35.1	217	70.8	64.9-76.1
Non-Hispanic Black	103	***	***	***	***	***	***
Other	87	18	15.7	9.5-25.0	69	84.3	75.0-90.5
AGE							
18-44	216	29	13.4	9.0-19.5	187	86.6	80.5-91.0
45-64	179	72	42.6	34.1-51.5	107	57.4	48.5-65.9
65+	98	***	***	***	***	***	***

Source: N.C. State Center for Health Statistics

https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/_RFHYPE.html

Image 2. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,250	495	9.7	8.8-10.8	3,755	90.3	89.2-91.2
Medicaid Region 6	507	29	5.6	3.8- 8.3	478	94.4	91.7-96.2

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/cvdhist.html>

Image 3. 2019 BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,214	532	13.8	12.5-15.1	3,682	86.2	84.9-87.5
Medicaid Region 6	500	53	10.7	7.8-14.4	447	89.3	85.6-92.2
GENDER							
Male	235	21	8.9	5.1-15.1	214	91.1	84.9-94.9
Female	265	32	12.5	8.7-17.6	233	87.5	82.4-91.3
RACE							
Non-Hispanic White	309	29	10.4	6.8-15.7	280	89.6	84.3-93.2
Non-Hispanic Black	102	12	10.7	6.0-18.4	90	89.3	81.6-94.0
Other	89	12	12.4	6.9-21.5	77	87.6	78.5-93.1
AGE							
18-44	215	34	13.5	9.4-19.0	181	86.5	81.0-90.6
45-64	178	15	12.3	6.4-22.1	163	87.7	77.9-93.6
65+	97	***	***	***	93	96.1	89.0-98.7

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/FMD.html>

Image 4. All Ages: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Pitt County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 PITT			Leading Causes of Injury Hospitalization 2016 to 2019 PITT			Leading Causes of Injury ED Visits 2016 to 2019 PITT		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	153	1	Fall - Unintentional	1,486	1	Fall - Unintentional	14,555
2	Fall - Unintentional	90	2	MVT - Unintentional	498	2	MVT - Unintentional	10,324
3	MVT - Unintentional	80	3	Poisoning - Unintentional	430	3	Unspecified - Unintentional	8,754
4	Firearm - Self-Inflicted	42	4	Poisoning - Self-Inflicted	283	4	Struck By/Against - Unintentional	5,579
5	Firearm - Assault	34	5	Unspecified - Unintentional	106	5	Natural/Environmental - Unintentional	2,714
TOTAL		517	TOTAL		3,356	TOTAL		58,477

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019Final.pdf

Image 5. Ages 0-14: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Pitt County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 PITT			Leading Causes of Injury Hospitalization 2016 to 2019 PITT			Leading Causes of Injury ED Visits 2016 to 2019 PITT		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Unspecified - Assault	3	1	Fall - Unintentional	53	1	Fall - Unintentional	3,310
2	Suffocation - Unintentional; MVT - Unintentional	2	2	MVT - Unintentional	31	2	Unspecified - Unintentional	1,788
3	Struck By/Against - Unintentional; Other Specified/NEC - Assault; Drowning/Submersion - Unintentional	1	3	Fire/Burn - Unintentional	21	3	Struck By/Against - Unintentional	1,731
4		0	4	Unspecified - Unintentional	20	4	MVT - Unintentional	1,330
5		0	5	Poisoning - Unintentional	18	5	Other Specified/Classifiable - Unintentional	807
TOTAL		10	TOTAL		192	TOTAL		11,667

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages0-14Final.pdf

Image 6. Ages 15-34: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Pitt County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 PITT			Leading Causes of Injury Hospitalization 2016 to 2019 PITT			Leading Causes of Injury ED Visits 2016 to 2019 PITT		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	52	1	MVT - Unintentional	166	1	MVT - Unintentional	4,814
2	MVT - Unintentional	28	2	Poisoning - Self-Inflicted	116	2	Unspecified - Unintentional	3,081
3	Firearm - Assault	18	3	Poisoning - Unintentional	93	3	Fall - Unintentional	2,642
4	Firearm - Self-Inflicted	9	4	Fall - Unintentional	64	4	Struck By/Against - Unintentional	2,078
5	Suffocation - Self-Inflicted	6	5	Firearm - Assault	38	5	Cut/Pierce - Unintentional	1,134
TOTAL		130	TOTAL		657	TOTAL		20,583

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages15-34Final.pdf

Image 7. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Pitt County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 PITT			Leading Causes of Injury Hospitalization 2016 to 2019 PITT			Leading Causes of Injury ED Visits 2016 to 2019 PITT		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	99	1	Fall - Unintentional	361	1	Fall - Unintentional	4,191
2	MVT - Unintentional	37	2	Poisoning - Unintentional	251	2	MVT - Unintentional	3,567
3	Firearm - Self-Inflicted	24	3	MVT - Unintentional	206	3	Unspecified - Unintentional	2,973
4	Firearm - Assault; Fall - Unintentional	14	4	Poisoning - Self-Inflicted	142	4	Struck By/Against - Unintentional	1,398
5	Poisoning - Self-Inflicted	10	5	Unspecified - Unintentional	40	5	Natural/Environmental - Unintentional	896
TOTAL		242	TOTAL		1,181	TOTAL		18,233

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages35-64Final.pdf

Image 8. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Pitt County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 PITT			Leading Causes of Injury Hospitalization 2016 to 2019 PITT			Leading Causes of Injury ED Visits 2016 to 2019 PITT		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Fall - Unintentional	74	1	Fall - Unintentional	1,008	1	Fall - Unintentional	4,412
2	MVT - Unintentional	13	2	MVT - Unintentional	95	2	Unspecified - Unintentional	912
3	Suffocation - Unintentional	10	3	Poisoning - Unintentional	68	3	MVT - Unintentional	613
4	Firearm - Self-Inflicted	9	4	Unspecified - Unintentional	35	4	Struck By/Against - Unintentional	372
5	Unspecified - Unintentional	8	5	Struck By/Against - Unintentional	25	5	Natural/Environmental - Unintentional	255
TOTAL		135	TOTAL		1,326	TOTAL		7,994

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf

References

- N.C. Bureau of Investigation. (2018). Crime in North Carolina. Retrieved from <http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>
- N.C. Division of Health and Human Services Communicable Disease Branch. (2020). North Carolina HIV/STD Quarterly Surveillance Report: Vol. 2020, No. 1. Retrieved from <https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>
- N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits All Ages. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_Final.pdf
- N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits Ages 0-14. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages0-14Final.pdf
- N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits Ages 15-34. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages15-34Final.pdf
- N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits Ages 35-65. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages35-64Final.pdf
- N.C. Injury & Violence Prevention Branch. (2016-2019) Leading Causes of Injury Death, Hospitalizations, and Emergency Department Visits Ages 65+. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf
- N.C. State Center for Health Statistics. (2014-2018). All Other Unintentional Injuries Death Rates per 100,000. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html>
- N.C. State Center for Health Statistics. (2019). BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases. Retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/cvdhist.html>
- N.C. State Center for Health Statistics. (2019). BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days). Retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/FMD.html>
- N.C. State Center for Health Statistics. (2019). BRFSS Survey Results: North Carolina Regions Hypertension Awareness: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional (CDC calculated variable). Retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/ RFHYPE.html>
- N.C. State Center for Health Statistics. (2012-2016). Cancer Incidence Rates by County for selected cities per 100,000 population Age-Adjusted to the 2000 US Census. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>

- N.C. State Center for Health Statistics. (2014-2018). Fetal Death Rates per 1,000 Deliveries. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf>
- N.C. State Center for Health Statistics. (2018). Live Births. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/pitt.html>
- N.C. State Center for Health Statistics. (2014-2018). Live Births by Sex. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/pitt.html>
- N.C. State Center for Health Statistics. (2018). Low Birth Weight. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html>
- N.C. State Center for Health Statistics. (2014-2018). Motor Vehicle Injury Death Rates per 100,000. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html>
- N.C. State Center for Health Statistics. (2014-2018). Neonatal (<28 Days) Death Rates per 1,000 Live Births. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf>
- N.C. State Center for Health Statistics. (2015-2019). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths.
- N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.
- N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.
- N.C. State Center for Health Statistics. (2014-2018). Race/Ethnicity-Specific Age Adjusted Death Rates Standard = Year 2000 U.S. Population per 100,000 for Pitt County. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf>
- North Carolina ACT Benchmark Percentages by State, System, and School for Grade 11 Students. (2016-2019). Retrieved from <https://ncreports.ondemand.sas.com/src/?county=Pitt>
- North Carolina SAT Performance by District and School. (2016-2019). Retrieved from <https://ncreports.ondemand.sas.com/src/?county=Pitt>
- U.S. Census Bureau American Community Survey 5-Year Estimates Data Profiles. (2015-2019). Age. Retrieved from <https://data.census.gov/cedsci/table?text=DP05&g=0500000US37147&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>
- U.S. Census Bureau American Community Survey 5-Year Estimates Data Profiles (2015-2019). Hispanic or Latino Origin and Race. Retrieved from <https://data.census.gov/cedsci/table?text=DP05&g=0500000US37147&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>
- U.S. Census Bureau American Community Survey 5-Year Estimates Data Profiles (2015-2019). Race/Ethnicity. Retrieved from <https://data.census.gov/cedsci/table?text=DP05&g=0500000US37147&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

- U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Educational Attainment. Retrieved from <https://data.census.gov/cedsci/table?q=pitt%20county%20north%20carolina%20educational%20attainment&g=0500000US37147&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false>
- U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Financial Characteristics for Housing Units With a Mortgage. Retrieved from <https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37147&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true>
- U.S. Census Bureau. American Community Survey 5-Year Estimates Subject Tables (2015-2019). Financial Characteristics for Housing Units Without a Mortgage. Retrieved from <https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37147&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true>
- U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables. (2015-2019). Income in the past 12 months (in 2019 Inflation-Adjusted Dollars). Retrieved from <https://data.census.gov/cedsci/table?q=income&g=0500000US37147&tid=ACSST5Y2019.S1901&moe=false&hidePreview=true>
- U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Limited English-Speaking Households. Retrieved from <https://data.census.gov/cedsci/table?q=S1602&g=0500000US37147&tid=ACSST5Y2019.S1602&hidePreview=true>
- U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Means of Transportation to Work by Age. Retrieved from <https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37147&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true>
- U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2015-2019). Poverty Status in the past 12 months by Sex by age. Retrieved from <https://data.census.gov/cedsci/table?q=Pitt%20county%20north%20carolina%20poverty%20status&tid=ACSST5Y2019.S1701&hidePreview=true&moe=false>
- U.S. Census Bureau American Community Survey 5-Year Estimates (2015-2019). Veteran Status. Retrieved from <https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37147&tid=ACSST5Y2019.S2101&moe=false&hidePreview=true>
- U.S. Census Bureau, Census QuickFacts Estimates (2019). Age Distribution. Retrieved from <https://www.census.gov/quickfacts/fact/table/pittcountynorthcarolina/RHI825219>
- U.S. Census Bureau, Census QuickFacts Estimates (2019). Age and Sex. Retrieved from <https://www.census.gov/quickfacts/fact/table/pittcountynorthcarolina/RHI825219>
- U.S. Census Bureau, Census QuickFacts Estimates (2019). Population Estimates. Retrieved from <https://www.census.gov/quickfacts/fact/table/pittcountynorthcarolina/RHI825219>

Appendix D: Vidant Medical Center 2019 Implementation Strategy Progress Report

Health Priority Category	Goal/Intervention/Initiative	Outcomes of Intervention/Initiative
Access to Care/Social Determinants Of Health	Goal-Community Paramedic (CP) Pilot To improve access to essential health and social support resources through a community paramedic pilot.	Data/Accomplishments <ul style="list-style-type: none"> • All-America City Award designation by the National Civic League (CP Program highlighted in the application) • Purchased 20 scales for Congestive Heart Failure patients • Printed >250 program brochures for distribution to patients • Total patients referred:333 • Total graduates:75 • Total assisted: 49 • Average months in the program: 6 • Total patients vaccinated: 80
	Goal-NCCARE 360: To improve access to resources related to social determinants of health.	Data/Accomplishments <ul style="list-style-type: none"> • Stakeholder training: 76 participants • Lunch and Learn Education Session: 95 • ENC COVID Learning and Networking Collaborative for Public Schools presentation: 34 participants • NC Care 360: Go-Live at Vidant Medical Center
	Goal- Free Clinic Navigation Services (ECCHC, formerly MEND) To increase access to basic health care services for the uninsured/underinsured populations in Pitt County through free clinic navigation services.	Data/Accomplishments <ul style="list-style-type: none"> • Referrals: 541 patients high risk patients • Types of Referrals <ul style="list-style-type: none"> ○ Medication assistance ○ Co-pays for specialty care ○ Food insecurity ○ Medical equipment ○ Dental care ○ Eye care • Establishing with primary care • Chief Complaint at clinics: Diabetes and Prescription Drug Refills • Referral source: <ul style="list-style-type: none"> ○ Vidant Health Transitional Care ○ P.O.R.T. ○ HealthAssist ○ Vidant Cancer Care Clinic ○ Oakmont Clinic ○ Vidant Medical Center Emergency Department ○ Pitt County Health Department

		<ul style="list-style-type: none"> • Other ○ Secured funding from the NC Association of Free Clinics
	Goal-Faith Health: Partner with faith based organizations in Pitt County to increase access to health care and health promotion resources.	Data/Accomplishments <ul style="list-style-type: none"> • Health Screening: 84 participants • Health Promotion: 92 participants • Other: Vidant Health COVID-19: Minority Vaccine Education and Marketing workgroup-Partnership with faith leaders to increase vaccination rates among Historically Marginalized Populations.
	Goal-School Health Program: To improve the health and well-being of Pitt County School's students and staff.	Data/Accomplishments <ul style="list-style-type: none"> • # of Students Receiving Case Management Services: 3,386 • # of Students on Long Term Medications: 1,293 • # of Students on Emergency Medications: 4,048 • # of Student Health Encounters: 16,917 • # of 911 calls: 84 • # of Health Education Sessions: 4,092 • "Escape the Vape" at DH Conley High School- resulted in decreased suspensions related to vaping. • Partnered with hospital's Center for Learning and Performance to plan Shelter Training for school and PCHD nurses. • Stop the Bleed Training(Pitt County): 2,800 school staff • Partnered with Pitt County Schools and health department for safe reopening of schools during COVID-19 pandemic • Developed COVID-19 quality protocols for schools related to education, screening, isolation rooms, tracking, and managing positive cases and exposures • October 2020-September 2021: ENC COVID-19 Learning and Networking Collaborative for Public Schools facilitated by VMC Community Health Programs.
	Goal-Senior Services: To improve the health and well-being of older adults.	Data/Accomplishments <ul style="list-style-type: none"> • Health Promotion/Prevention: 3,720 people impacted

		<ul style="list-style-type: none"> • Dementia Friendly Initiative: Trained 95 patient observers, 30+ team members on ASCU, and supplied >150 busy bags for patients; 54 participants at Rural Health Symposium Virtual Dementia Tour • Presentation: National Council on Aging Conference on the Remembering When Program (falls and fire prevention for older adults) • GoldPath Senior Membership Program <ul style="list-style-type: none"> ○ Monthly newsletters mailed to approximately 350 households ○ Holly Jolly Christmas drive through even: 54 attendees ○ Promoted End of life series in newsletter • Fall Prevention initiative: Served local senior center and provided information on Facebook page. • Participated in the ECU Lifelong Learning Task Force • Facilitated the virtual Hello Game (Hi Game) with the Advance Care Planning team
	<p>Goal-Injury Prevention: To provide access to injury prevention education and services that can reduce the potential for death and disability and improve the health and quality of life of children and the general population.</p>	<p>Data/Accomplishments</p> <ul style="list-style-type: none"> • Bike and pedestrian safety: 2,126 participants, distributed 959 helmets • Walk to School Day: Partnered with 17 schools, with approximately 3,600 students, parents, and volunteers participating in Walk to School Day events • Bike to School Day: Partnered with 10 schools, with approximately 600 students, parents, and volunteers participating in Bike to School Day events • Let's Go NC Trainings: Provided education on bike and pedestrian safety to 9 collaborative summer camps and approximately 180 children • Child safety seats/education: 557 seats checked, 282 seats distributed to indigent families, and 105 families received education through our Diversion Program • Sports Safety: 3,004 students, 74% increase in knowledge; Developed Virtual Sports Safety Clinic • Swim Safety Classes: 8 week lessons to 850 second grade students • Teen safe driving: 137,090 students and parents impacted through educational initiatives; 2,710,815 through GAS TV, cinema and mall campaigns • Distracted Driving Observations: Completed 6 observations, showing an

		<p>average of a 6% reduction in distracted driving</p> <ul style="list-style-type: none"> • Hot Car Awareness: 171 participants • Medication Safety: 2,259 community members & > 28 pounds of medications collected; 251,381 through GAS TV • Fire Safety Education: 156 individuals impacted • Falls Prevention: Educated 2,005 individuals • Remembering When Program: Conducted falls and fire education and assessments through 25 home visits, 5 community-based presentations, and 2 home visitor trainings • Traffic Safety and Environmental Changes: 55% reduction in red light intersection crashes; 16% reduction in reportable crashes; installation of over 15 crosswalk and/or delineator systems (partnership with Greenville Police Dept) • Media: education/risk area spotlights through 26 news stories and 13 newspaper articles • Publications: 1 national article and 1 international article; national release of 1 video • Presentations: 4 local, 3 state, and 6 national conferences • Awards: 2019 Richard Sales Award at the 2019 NC Traffic Safety Conference and Expo • Developed and launched 811 Facebook posts that have reached over 94,570 individuals; in addition to 7,435 interactions on Twitter and 72 profile visits. • Recognized by Safe Kids North Carolina as a leader in injury prevention virtual education through the pandemic
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	<p>Goal-Pediatric Asthma Program: To improve the health and quality of life for children with asthma.</p>	<p>Data/Accomplishments</p> <ul style="list-style-type: none"> • Referrals: 1,148 patients • Case Management: 350 patients (regional expansion in December 2020) • Health Promotion: 318,510 served (including social media impressions) • Asthma Blitz Days: 2,329 students received asthma education; assessed for equipment at school and completed asthma care plans • Professional/Provider education: 1,696 participants • Social Determinants of Health Screenings: 321 conducted • Conducted successful Asthma Camp at Aquaventure • Promoted asthma awareness/education via 17 Facebook posts • The Weather Channel interview: <i>Effects of mold from hurricanes on asthma control</i> • NC Health News interview: <i>Cost of inhalers and the impacts on people with asthma.</i> • Prescription medication assistance: 22 patients served through CMN funding. • Poster presentation at the Rural Health Symposium on Medical Legal Partnership
	<p>Goal-Prescription Medications: To improve access to affordable prescription medications for the older adult population and other disparate populations.</p>	<p>Data/Accomplishments</p> <ul style="list-style-type: none"> • Vidant Cancer Care <ul style="list-style-type: none"> ○ 1,700 patients referred to programs that provide assistance with medications • Medicare Park D Counseling and Enrollment <ul style="list-style-type: none"> ○ Enrollee savings: \$229,180 ○ # of beneficiaries: 136 • ECCHC (formerly MEND) <ul style="list-style-type: none"> ○ Enrolled patients in NC MedAssist ○ Secured prescription medications: 279 prescription medications for 138 patients
	<p>Goal-Improve Access: To improve the use and access of the health care system.</p>	<p>Data/Accomplishments</p> <ul style="list-style-type: none"> • VidantNow promoted through social media during COVID-19 pandemic. • Implemented E-visits

Chronic Disease Prevention	<p>Goal-Chronic Disease Prevention: To increase access to health education/promotion, chronic disease screening services, and health care resources for chronic conditions.</p>	<p>Data/Accomplishments</p> <p>Health Promotion/Prevention</p> <ul style="list-style-type: none"> • Chronic Disease Screenings: 444 individuals • Chronic Disease Screenings associated with COVID-19 events: 117 individuals • Community Calendar Health Messages: 12 issues • Hospital On Hold Health Messaging: 156 messages • Pink Power and Heart Truth Events: 7,000 Great 8 cards were distributed. <p>Community Engagement with Pitt Partners for Health (PPH)</p> <ul style="list-style-type: none"> • 245 total PPH members; 77 PPH Initiative Team members • Average monthly attendance: Increased from 38 to 41 • Distributed engagement survey with 100% participation from active members. 95% agreed with the shared PPH vision, values and goals. • Milestone (FY20): 25th Anniversary of PPH: Video and Board of Trustees Resolution • Increased online presence: New Pitt Partners website- pittpartnersforhealth.org. -3,436 to 82,370 visits, Facebook page; Increased from 310 followers to 388; Creation of YouTube page; 42 views, 9 videos • Initiated Lifestyle Medicine • Media: Newspaper articles submitted by PPH content experts:22 <p>Stroke Program</p> <ul style="list-style-type: none"> • Stroke screenings, health education, student preceptorships, and support network: 146 individuals served • Virtual Stroke Support group:10 to 12 participants monthly • May Stroke Awareness event

		<ul style="list-style-type: none"> • Heart/Stroke Walk fundraiser • Established a Facebook account for Greenville Stroke Support Group to network on stroke recovery journey <p>Cancer Care</p> <ul style="list-style-type: none"> • 145 community events and presentations with 17,034 in attendance • Broadcast and media awareness events: 30 • 30 screenings with 635 people screened • Cancer prevention clinic: 91 patients served • Tobacco cessation program: 43 patients served • Navigation team: 6,600 encounter visits; 260 of those patients, the navigators intervened to prevent the patient from having to go to the emergency room. <p>Diabetes</p> <ul style="list-style-type: none"> • Monthly Support Group Vidant Wellness (in person and virtual): 20 participants • Annual Winning With Diabetes Conference: approximately 300 participants • PCHD Diabetes Self-Management (funded in part by VH Foundation) <p>Cardiovascular Health/Chronic Disease Education</p> <ul style="list-style-type: none"> • Implemented Great 8-using educational handouts and church fans • Faith Based Heart Health Presentation: 40 people served • Vidant Medical Center: “Get with the Guidelines” award from AHA/ASA. <p>Media Education</p> <ul style="list-style-type: none"> • Vidant offering free cancer screenings for eligible Pitt County residents • Healthy Habits: Taking steps to prevent falls • Cancer screenings crucial: Risk too great to avoid testing during pandemic
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		<ul style="list-style-type: none"> • Highlighting Your Health: Community testing key in responding to pandemic • Highlighting Your Health: Virtual diabetes prevention program provides safe, proactive approach to staying health • Vidant offering Diabetes Prevention Program • May is national stroke awareness month • Vidant Health increases COVID-19 rapid testing capability to about 1,000 a week • Highlighting Your Health: Therapy makes prostate cancer care more convenient • Healthy Habits: How to make a heart health snack • Highlighting Your Health: Regional effort improves heart, vascular health • Stroke prevention, warning signs • Free cancer screenings offered at Vidant Cancer Center • Highlighting Your Health: Cancer screenings, early detection key • Healthy Habits: Resources available to those recovering from Hurricane Dorian • Winning With Diabetes held at Vidant • Highlighting Your Health: Team approach treats mental • Vidant cancer support group helps people cope • Cancer prevention screening clinic open in the east • Healthy Habits: Managing diabetes during the holidays • Highlighting Your Health: Care seat installation is key
	<p>Goal-Physical Activity and Nutrition: To increase opportunities to be physically active and implement nutrition education and healthy eating policies in Pitt County.</p>	<p>Data/Accomplishments</p> <p>Healthy People Healthy Carolinas (HPHC) grant</p> <ul style="list-style-type: none"> • CATCH (Coordinated Approach to Child Health): 27 sites; 860 participants; 3 trainings • Walk Wise NC: 12 sites; 174 participants • Kids in Parks Track Trails: 4 trails; 888 participants • Track RX: 6 practice sites; 66 participants • Cooking Matters at the Store: 8 tours; 87 participants • Healthy Food Pantry: 50 participants at 9 the Joy Soup Kitchen

		<ul style="list-style-type: none"> • Healthy Food Pantry: Assisted Catholic Charities reach Gold status with 60 recipes and 30 samples distributed • Lifestyle Medicine (LM): 4 LM newsletters created and disseminated to over 500; Facebook engagements – average 125/mo. PPH LM asked to be the pre-conference for the NC Rural Health Symposium—highlight LM Clinic and Pitt County Interventions • Diabetes Prevention Program: 1 class; 12 participants • Know it Control It: 4 sites; 47 participants; 13 policies <p>Community Based Nutrition Programs</p> <ul style="list-style-type: none"> • Funding from the VH Foundation supported nutrition education in schools, churches, community based centers, food bank, Cooperative Extension, and the health department.
Mental Health	<p>Goal-Vidant Cancer Care Support and Survivorship Program: To increase access to support services for community members who are cancer survivors.</p>	<p>Data/Accomplishments</p> <ul style="list-style-type: none"> • Fall on the Farm: Partnership with Simply Natural Creamery: 75 participants • Fall Gardening: Plant and See Nursery: 30 attendees • Living the Arts Partnership with Emerge Art Gallery: Display of survivor’s artwork. • Smoothie Making: Juice Vibes: 10 participants • Kicking Cancer w/ Cuisine: Starlight Café/ECU Athletics: 60 participants. • In person education/services: Journaling, yoga, Tai chi, and massage: 450 participants • Virtual services (Yoga, Tai Chi, and Exercise): approximately 150 participants • Monthly family and caregiver support: 12 participants • Journaling: 24 participants • Men’s Support Group: 8 participants
	<p>Goal-Tender Hearts Program: To increase access to support services for families that have experienced a fetal loss.</p>	<p>Data/Accomplishments</p> <ul style="list-style-type: none"> • Counseled women that have experienced a fetal loss and provided follow-up phone calls and resources throughout the first year.

	<p>Goal-Hopeful Beginnings Program: To increase access to support services for mothers experiencing postpartum depression or mood disorders.</p>	<p>Data/Accomplishments</p> <ul style="list-style-type: none"> Received referrals from providers for women experiencing depression and mood disorders and offered virtual therapy for them. 																											
	<p>Goal-Pitt County Students Against Destructive Decisions (SADD) in Pitt County Middle and High Schools: To promote positive decision making among Pitt County students, while providing adult influences with the educational and resources needed to guide students towards healthy choices.</p>	<p>Data/Accomplishments</p> <table border="1"> <thead> <tr> <th>Type</th><th># of Opportunities</th><th># Impacted</th></tr> </thead> <tbody> <tr> <td>Club meetings</td><td>231</td><td>6712</td></tr> <tr> <td>School events/assemblies</td><td>34</td><td>4,455</td></tr> <tr> <td>Community events</td><td>31</td><td>3,183</td></tr> <tr> <td>Education via social media</td><td>977</td><td>227,656</td></tr> <tr> <td>Parent education</td><td>2</td><td>265</td></tr> <tr> <td>1:1 Student Therapy</td><td>-</td><td>88</td></tr> <tr> <td>Support Groups</td><td>13</td><td>256</td></tr> <tr> <td>Totals</td><td>1,288</td><td>242,615</td></tr> </tbody> </table> <ul style="list-style-type: none"> # of students that reached out for help: 111 students Following supports groups, surveys showed 88% increase in recognizing the tools needed to cope; 66% increase in the identification of feelings of anxiety, stress, and worry Based upon available NC Vision Zero data, from 2018 to 2019/2020, there was a 53% decrease in teen driving fatalities. “Escape the Vape” at DH Conley High School- resulted in decreased suspensions related to vaping School wide “Kindness Campaign” at Ridgewood Elementary - A decrease in bullying and an increase in overall kindness among students was reported by school administration. 	Type	# of Opportunities	# Impacted	Club meetings	231	6712	School events/assemblies	34	4,455	Community events	31	3,183	Education via social media	977	227,656	Parent education	2	265	1:1 Student Therapy	-	88	Support Groups	13	256	Totals	1,288	242,615
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		<ul style="list-style-type: none"> • Education with High School Leadership Classes: surveys revealed a 72% increase in knowledge of vaping, gangs, substance use and underage drinking, anxiety, depression and other mental health topic areas, and a 92% decrease in the likelihood of partaking in destructive decisions based on something that they learned in the class. • Share Your Vibe Campaign: > 100 locations; distributed 77 banners; 422 posters; 535 mirror clings; 12,000 post cards; 3,000 badge cards; 1,009 views on the web page; 113 downloads of digital social media content; 430 participants at presentations/events, 544,222 impressions at mall campaign • Firearm Safety Campaign: Distributed 20 gun locks; 10 banners; 488,394 impressions at mall campaign • Completion of Pitt County Mental Health Provider List • Completion of Youth Mental Health First Aid instructor course and trained 101 school personnel • Presentations: 4 local and 3 state conferences • Media: 13 news stories and 7 newspaper articles
	<p>Goal-Community Based Coalitions and Partnerships: To improve access to mental health education and behavioral health services in Pitt County.</p>	<p>Data/Accomplishments</p> <ul style="list-style-type: none"> • Vidant Opioid Action Team <ul style="list-style-type: none"> ○ Completed Substance Use and Mental Health resource guide for community partners ○ Virtual Community Recovery event: 26 participants • BRACE <ul style="list-style-type: none"> ○ Developed a Mental Health Resource Guide in partnership with Pitt Partners for Health and other behavioral health experts; ○ ACEs 101 & Resilience: 131 participants ○ Reconnect: 27 participants ○ Workplace Resilience: 180 participants, including DSS, law enforcement, and pediatricians ○ Launched BRACE community website, Facebook, and Instagram pages

		<ul style="list-style-type: none"> ○ Resilience Through the Holidays: 2 FB live events with 106 viewers; 2 TV/radio interviews; 4 meeting presentations ● Pitt County Schools Behavioral Health Alliance ○ Held Trauma and Resiliency Conference: 67 participants
Updated-02/28/2022		